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ORIGINAL ARTICLES.

ON THE REVISION OF LAWS GOVERNING THE COMMITMENT, CARE AND DISCHARGE OF INSANE PERSONS TO, IN AND FROM INSANE ASYLUMS.*

BY SELDEN H. TALCOTT, A. M., M. D., PH. D.,
MIDDLETOWN, N. Y.

THE ancient savage thought that insanity was a possession of the devil. The ancient philosopher and humanitarian piously believed that insanity was a sacred malady. The modern scientist, discarding all superstitious beliefs, has developed the irrefutable fact that insanity is a departure from the normal mental status due to some diseased condition of the brain.

The treatment accorded to insanity throughout all ages has been dependent, to a large degree, upon the afore-named beliefs or developments.

When the insane were thought to be possessed of devils, they were either tortured with scourges or laden with galling chains, or relegated to the mountains and forests as if they were wild beasts. When they were regarded as the special favorites of Jehovah, they were revered and treated with profound respect by the people of Thrace and the inhabitants of the Byzantine Empire; or they were worshipped as next to the gods by the citizens of Persia and of Greece; or they were wooed back to health by the golden voice of music, amid temples and groves, in the luxurious land of the Pharaohs; or, still again, they were cured by incantations and prayers throughout the realms of superstitious Arabia.

While, in the earliest times, superstition cast a glamor of uncertain light about the mysterious person of the lunatic, it is a deplorable fact that during the darkness of the Middle Ages the insane sat down, as did the Israelites, by the river of Babylon, with a harp of hope hung upon the willows, with their every act unsanctioned by law, their rights unprotected by statutes, their interests unfavored by philanthropists, and the condition of their moral, intellectual and physical health alike despised by priest, prophet and physician.

Under the civilizing influences compelled by Roman prowess and Grecian culture, the insane

individual was simply deprived of the rights of citizenship, and his person and property were placed, after an inquiry by a magistrate, under the control of a curator.

It was reserved for a later civilization, a loftier benevolence, and a clearer perception of the true nature of insanity, to not only place the insane under legal restrictions as to the exercise of their normal liberties, but to afford them, by special treatment, the best possible opportunities to recover the use of their reason.

Thus we have, in brief review, first, relegation of the insane to the fastnesses of wild beasts; secondly, vague efforts to cure their maladies by superstitious mummeries; thirdly, deprivation of their rights by the iron hand of law; and, fourthly, temperate restriction of liberty for the purpose of protecting society against the fury of the madman, coupled with judicious medical treatment, with the end in view of effecting the safe, speedy and permanent cure of a serious and overwhelming disease.

Let us now briefly consider the laws relating to lunacy in modern nations.

According to Baron J. Mundy, Staff-Surgeon-Major in the army of His Imperial Majesty, the Emperor of Austria, in 1867 there were only six countries in Europe favored with what might be called a Lunacy Act or Law in Lunacy. These countries are England, France, Switzerland, some cantons of it—Norway, Sweden and Holland. The remaining nations of Europe possessed no lunacy law, or only some discursive rules and uncertain ordinances restricting the actions and limiting the responsibilities of insane persons. Even where laws had been enacted they were, in the estimation of Dr. Mundy, constantly contradicting themselves, repeating themselves, and not making any real progress. In Prussia, in Italy, in Russia and in Spain no well-defined lunacy laws have been enacted. In Austria a new statute, based chiefly upon the old Roman law, was enacted in 1882. In France there is an entire absence of the proceeding known as *de lunatico inquirendo*. The French law states that if a man is not capable of taking care of himself and his affairs he may be interdicted. An interdiction is effected without the certificate of a medical man, it being done at the will of the magistrate.

* Read before the State Hom. Medical Society, February 14th, 1888.

This procedure is also an imitation of the old Roman law. Ignorance of psychology on the part of the magistrate made unjust interdictions frequent, while refusals to interdict dangerous lunatics resulted often in fatal consequences. In most of the European countries the laws are but little better than those which prevail in France. But in Holland, under the influence of that gifted and celebrated physician, Schroeder Van der Kolk, a law was framed which held in just respect the opinions of the medical profession with regard to insanity. Behind the dykes which hold at bay the ceaseless onslaughts of the ocean, is a land where the largest liberty of opinion prevailed when this country was an oppressed colony of Great Britain. In that land, whose constitution of equal rights to all classes and conditions formed the basis of our own superb guarantee, there are public asylums, under strict supervision, for all insane patients. Van der Kolk recognized the fact that mental misfortune should never be subjected to the greed and grasp of avarice, and, as a consequence of his influence, there are no private money-making asylums in the nation blessed by his philanthropic teachings.

In countries where magistrates instead of medical men have been empowered with authority for committing the insane to asylums there has been observed, by impartial writers, a tendency to inflict, unintentionally perhaps, injustice against the sick and helpless victims of mental disturbance.

In England, Scotland and Ireland the insane are committed to asylums upon certificates by two physicians, after a careful personal examination. This method, according to Baron J. Mundy, who carefully investigated the laws governing the commitment to and detention of insane patients in asylums, as the best that has been found anywhere east of the Atlantic Ocean.

In this country, throughout the States, and also in Canada, the English custom generally prevails. In most of the States the certificates of two physicians are required before a patient can be sent to an asylum for treatment. In some States the certificate of one physician is deemed sufficient. In the State of Illinois a jury trial is accorded to every alleged lunatic before he can be thus confined.

Now we are all seeking for the best possible means for dealing with those afflicted with insanity. To accomplish this end we must consider both existing laws, and proposed amendments to those laws. The present law provides that "No person shall be committed to or confined as a patient in any asylum, public or private, or in any

institution, home or retreat for the care and treatment of the insane, except upon the certificate of two physicians, under oath, setting forth the insanity of such person. But no person shall be held in confinement in any such asylum for more than five days, unless within that time such certificate shall be approved by a judge or justice of a court of record for the county or district in which the alleged lunatic resides, and said judge or justice may institute inquiry and take proofs as to any alleged lunacy before approving or disapproving of such certificates; and said judge or justice may, in his discretion, call a jury in each case to determine the question of lunacy."—(Section 1, Chapter 446, Laws of N. Y., 1874.)

It will be noted in the above section that a person cannot be confined as a patient in any asylum except on a certificate of two physicians, under oath, and even then for only five days, unless within that period a judge or justice of a court of record shall approve the certificate, *and the judge or justice may call a jury in each case if he deem it necessary.*

This law affords every opportunity for a careful review of the facts in every case of doubtful lunacy before the patient is finally held for treatment. In addition to this, the *habeas corpus* may bring any case before a court for review of the facts at any time during incarceration.

It should be remembered that the commitment of an insane person to an asylum for treatment does not rob that individual of his natural rights as a citizen. He may be held for treatment so long as the medical officers of an asylum deem it necessary, after legal commitment. But his property cannot be taken away from him, nor can he be declared a lunatic at law, an infant as to legal rights, except after the issuance, by a supreme court or county judge, of a writ *de lunatico inquirendo*, and after a trial by jury before a commission duly appointed by the court to try such a case. This is a point which is not sufficiently well understood by the profession or laity. An insane patient is sent first to an asylum for treatment. If he recovers speedily, he resumes his rights upon discharge, without any process of law. If the insanity is protracted and the patient's property needs care and attention, then a committee to take charge of the man's person and property may be appointed by the court upon the report of the commission that the evidence has shown, and that the jury has found, the person to be insane and needing such legal protection as may thus be afforded.

It has been asserted that "Under the present statute the liberty and welfare of any person de-

pende almost entirely upon the integrity, prudence and wisdom of two physicians, who, as experience shows, cannot be trusted in their opinions upon sanity or insanity, as the testimony in all trials in court upon the question of sanity or insanity has freely demonstrated; and the system that puts the personal liberty of a citizen in the hands of two persons is dangerous, pernicious and liable to gross abuse, and exposes every one to be incarcerated in a dungeon's walls, at the mercy of a brutal set of attendants."

One of the editors of a medical journal states, concerning the afore-named assertions: "To this we give our most cordial assent."

We take exceptions to the foregoing assertions, because they do not state the truth, the whole truth, and nothing but the truth. The personal liberty of a citizen is not in the hands of any two physicians. Two physicians may make a certificate of insanity, and may swear that it is correct, but before that certificate can hold a patient in an asylum for more than five days it must be approved by a judge of a court of record. And he may, if he suspects that the physicians are rascals, call a jury to decide as to whether their testimony is valid or not. If the certificates are false, and if the judge is careless and makes an approval of a certificate more easily than he should, even then the liberties of the citizen are not inevitably jeopardized, because when a patient is committed to an asylum in this manner he is at once subjected to the observation of the superintendent of said asylum and his assistant physicians; and just as soon as the medical officers of an institution decide that a patient has recovered or that he is not insane, he is discharged forthwith from the institution to which he has been committed. Should the superintendent and his assistants be unable to detect the sanity of an individual wrongly committed, or should they be unwilling for any mercenary reason to part with a patient thus committed to their charge, the patient may appeal without restriction at all times to the board of trustees in charge of said asylum. This board is composed of gentlemen nominated by the Governor and confirmed by the Senate, and I believe it is an undisputed fact that these men are among the ablest and most honest men to be found in any community; and it is a fact that whenever a patient appeals to the board of trustees, a committee of the board makes a careful and unbiased judicial investigation of the case. Again, the incarcerated citizen may appeal at any time to the State Commissioner in Lunacy, a gentleman of integrity, of learning and of independence, and entirely free from bias or the

influence of what has been dominated "the Asylum Ring." This State Commissioner in Lunacy responds to all appeals for help, visits the patient, takes testimony and carefully examines into the necessity for further detention in every case where he is thus appealed to. Again, every State asylum may be investigated at any time, and all the patients examined, by committees appointed by the Governor, by the Senate or by the Assembly. Complaint against those having charge of insane patients may be lodged at any time with the Grand Jury in the district where the asylum is located.

We believe that the insane person is, under the present laws, peculiarly and effectually protected against all unnecessary encroachments upon his liberty. And yet the spirit of reform is not dead, nor sleeping; and some good people, imbued with this spirit, and eager to demonstrate the possession of a far-reaching benevolence, have prepared and submitted to the Legislature of this commonwealth a bill which provides a jury trial in each and every case where the friends of an insane patient would commit him to an asylum for care and treatment.

This bill also provides that female physicians shall attend all female patients. It still further provides for the free visitation and intercourse between any insane patient in an asylum and any physician, attorney or other person who may choose to put himself in communication with the insane under treatment at the various asylums. Again it provides that no insane person shall be required to perform labor without adequate compensation. Again, it provides for a free and unrestrained use of the United States mails, and prevents the examination of any letter written by an insane person on the part of that person's attending physician. Severe penalties are imposed upon any one who violates the provisions of the afore-named act.

Here is opened a vast field for inquiry and discussion; and certainly it behooves every thinking man to understand the questions suggested by the proposed changes in the law, in order that a just and proper opinion may be formed before action is taken upon the same.

Now let us consider, first, what is the jury system; and, second, what duty does this law propose to have the jury perform?

A jury is a body of men sworn to declare the facts of a case as they are developed from the evidence placed before them. The province of a jury is to determine the truth of the facts in dispute in civil cases, and the guilt or innocence of a person accused in a criminal case.

A jury is composed of men selected by lot from the mass of the people. These men are untrained in the work of sifting facts and weighing evidence. Especially is this true with regard to their ability to discover those intricate complications of pathology, and those psychological aberrations which exist in every case of insanity.

The engineer of a railway train must be experienced before he is entrusted with the lives and fortunes of a hundred individuals. The owners of mills entrust their vast and complicated machinery only to those who have been trained and become skilled in the management of motive power, and who understand the mighty possibilities of that machinery. The man who makes shoes, who lays brick, who does joiner work, who indulges in the luxury of plumbing, who builds a boiler, or turns out a carriage, must serve a long apprenticeship of toil and experience, before he is deemed worthy to put his own manual skill upon the market. Those who hire such skill will have nothing to do with a mechanic until they have satisfactory evidence that he is reasonably adept in the work which he proposes to perform. But a juryman comes to the task of trying the differences in a civil case, or the guilt or innocence of a party in a criminal case, without a previous preparation, without a recognized fitness, and without that degree of skill which should make his opinion and judgment worthy the confidence of an enlightened people. Such being the fact with regard to all ordinary cases, how much more glaring does the general unfitness of the jury appear when it is summoned to examine, to diagnose, and to pass final judgment upon the most subtle, intricate, complicated, and serious disease known within the whole range of medical and psychological science!

Here is a matter which should excite the interest of every member of our noble profession. To invoke the jury system to dispose of every case of lunacy, is to discredit the ability, and discount the integrity of medical men generally. It is proposed by this law to treat a sick man only when a jury, after due trial, has declared him worthy of being thus treated.

Aside from this degradation of the medical profession which jury trials for the insane would insure, let us consider this matter in another phase, namely, its effect upon the sick person.

A mother has given birth to a child, and after the toils of agony and the exhaustion of labor, she finds herself temporarily bereft of reason. Medical philanthropy would remove this patient to a hospital for the insane, where she could be furnished with every possible care that money could

purchase or the spirit of kindness suggest. The more speedily and quietly such a person is removed from the harassing cares and the excitement of home to the quiet seclusion of an asylum chamber, the better for all concerned. But the proposed law says that this woman shall have five days' notice, and shall then be tried by a jury as if she were a prospective felon.

A beautiful girl, just budding into womanhood, is making rapid and wonderful progress in her studies at school. She becomes prostrated by overwork, and by anxiety concerning a coming examination, and she passes into the shadow of insanity. A loving father and tender mother wish to place her in charge of a physician whom they know and trust, in a neighboring asylum. This might be done by the attending physician and a helping *confrere*, quietly, peacefully and in accordance with the highest dictates of humanity. But the proposed law says that this girl shall receive five days' notice, and then be tried by a jury of her countrymen for the crime of insanity.

An aged mother has become worn by toils incident to the rearing of a family; the burden has been greater than she could bear, and she turns her face to the wall and gives up her soul to the monitions of melancholy. The children of her breast would save her life by placing her in a hospital for treatment. Two physicians could swear to her actual physical and mental condition, and then she could be received in an asylum for treatment and restoration. But the proposed law says that five days' notice shall be given to this Mother in Israel, and the helpless family must stand by and see twelve good men and true convict her of the horrible indiscretion of having become insane.

A young ne'er-do-well, possessed of a smattering of law, puffed with his own conceit, warped by his own natural meanness, deformed by the gratification of his own corrupt passions, becomes a dangerous nuisance in the neighborhood in which he lives. At last he makes an unprovoked assault upon some helpless old man, for this class of lunatics are always cowards; and it becomes necessary to put this young man either into the penitentiary or an asylum. Modern science discovers that he is the victim of disease, and therefore the judgment of humanity would send him to an institution for temporary restraint, and for curative treatment. The proposed law says he shall have five days' notice, and then a trial by jury before he can be placed where he most fittingly belongs. This young man either runs away to another State, or he fortifies himself behind all the technicalities and intricacies of the law. He comes into court and defends himself through his own efforts

and those of counsel against the charge of mental disease. Conflicting testimony is presented; many witnesses are summoned; criminations and recriminations are indulged in; hatreds against friends are engendered which can never be obliterated; the time of court and jury is monopolized; the county is put to a large and unnecessary expense, and the result is placed in unfortunate jeopardy. Judging from the experience of the past this dangerous crank will very likely be released by an ignorant and unthinking jury, and then he becomes more dangerous than before, because to this one devil of disease has been added the seven devils of hatred and revenge. His liberty is unrestrained until some unfortunate victim, some fancied enemy, has been laid low in the prostration of cold and solemn death. When a trial for murder is instituted then the same jury, influenced by the pathetic pleading of some criminal lawyer, and fortified by the same medical testimony which would have sent him to an asylum, bring in a verdict that the young man is insane and needs the protecting influence of asylum surroundings.

These are no fancy sketches, but they typify the actual experiences obtained in a state where jury trials prevail. In evidence we place a few statements received from disinterested but careful observers residing in the State of Illinois.

One says: "No greater misfortune ever befel the insane of any community equal to that suffered by the insane of Illinois under the operation of that law with all that refers to it. The patient is *quasi* in the attitude of a criminal; the whole proceeding is one of attack and defence; with lawyers as physicians on both sides, as if the case was one of sheep stealing—the defence as earnest for acquittal. You can fancy the effect of all this upon the patient's mind. What hatreds are engendered towards friends, what a bar to recovery, you can imagine!"

Another says: "We have had within the last few years two cases of women taken out of child-bed across the country in midwinter, to the court to be tried according to law, and then brought to the hospital only to die in a day or two, in consequence of such inhuman exposure."

Another says: "So far as humanity and the interests of the insane persons are concerned, I consider it a great hardship in many cases. This you can see at a glance when I tell you that all persons have to be brought to the court for trial or inquisition, and so in this way have to travel over rough and muddy roads, such as you never see in New York, where the mud is two feet deep, and when frozen is correspondingly rough. To

take a feeble female over such a journey, and to expose such a person to the morbid gaze of such crowds as are wont to group themselves about the court house does not add in any way to our humanity, nor does it in any way increase our civilization. I am opposed to the law on the ground of being wholly unnecessary for the proper protection of the people, and that it is logically unsound in principle."

Another says: "As showing what protection to personal liberty our law affords, and that it is practically a farce in the large cities, I need only to state that in the city of Chicago, fifteen cases have been run through the "insane mill" in one hour! One case every four minutes for an hour has been called, heard, determined, and sentenced in the county court. In some cases, what I shall call "a curb-stone verdict" has been rendered; that is, the jury will leave the court room, go down to the street, pass a close carriage, look in, and go back to the jury room and render a verdict; the insane person knowing nothing whatever of the trial or verdict. This has been found necessary to execute humanely an inhumane law. I hope that the great and intelligent State of New York will not find it necessary to come to Illinois for its laws on insanity. It is my belief that the medical profession of this state are unanimously opposed to the law relating to the commitment and detention of insane persons. I think the law is decidedly detrimental to the welfare of the insane."

This same gentleman also writes: "In the State of New York the requirements of the law which are especially commendable for the commitment of an insane person to an asylum are, first, a certificate of two physicians, under oath, setting forth the insanity of such person, etc."

These statements concerning the actual workings of the jury trial system, and the opinions expressed, are given by men whose honesty and integrity are unquestionable, and whose ability and intelligence are of the highest and noblest order.

Now if it is proper to commit the sick insane to an institution for treatment by means of a jury trial, then it becomes equally proper to grant a jury trial to victims of all other forms of disease. The victims of small-pox should not be sent to a pest-house until a jury has diagnosed the case and decided that such seclusion is necessary. When a ship comes into the harbor of New York, bearing five hundred emigrants and a dozen cases of cholera, none of these emigrants should be restrained of their liberty until after they have had a fair trial by jury; and only after five hundred jury trials should the vessel be quarantined for

forty days, and the city protected against an invasion of cholera. Neither should children afflicted with diphtheria, scarlet fever, or measles be isolated from the rest of the family and restrained from their customary liberty of intercourse with their friends and playmates until a jury has tried them and convicted them of the crime of having measles, or scarletina, or diphtheria.

If a jury trial is to be enforced in all cases of insanity, then it should be in all cases of every form of disease. And no physician should be permitted to doctor a sick person until that person has been tried by a jury, his case diagnosed, and himself convicted of having some one of the various diseases put down in the vocabulary of pathology. No bone should be set, or fracture reduced, or operation performed, until a jury upon a careful hearing of all the evidence should decide that the bone ought to be replaced or reset, or that an operation ought to be performed. Think of confining a case of broken bone within the dark meshes of a plaster splint for six weeks, upon the dictum of a single surgeon! What an invasion of liberty is such a procedure as this! If there must be jury trials in the case of one form of disease, let there be full and fair play, and let the whole matter of diagnosis and determination of treatment be relegated to the various juries of our land. When these reforms shall have been instituted, we shall have no suits for malpractice and no complaints against the proficiency of the medical profession.

Complaints have been made because all letters written by insane patients are not mailed. But this examination and restriction relating to the mailing of letters have been made for wise and good reasons.

(1.) The letters written by insane patients are examined by the physicians in charge of an asylum for the purpose of discovering the condition of the patient's mind. Such an examination is just as proper as the examination of a bone after an injury to discover whether or not a fracture exists. To forbid the examination of an insane patient's letters would be to cut off a physician's opportunity to discover the diseased workings of that patient's mind. And such a restriction would preclude the possibility of treating the patient under a full knowledge of all the facts.

(2.) Again, letters are retained sometimes for the good of the patients and the good of their friends; and likewise to avoid the breaking of the United States' laws. Letters are retained by the medical officers of an asylum at the present time when they are of such a nature that the friends request us to keep them in order to prevent in-

jury to some sick and sensitive member of the family at all. And, again, they are retained for the purpose of preventing the patients squandering their property, or from ordering unnecessary articles from merchants who might be ignorant of the true condition of their would-be customers. Letters are detained when, under the influence of delusions, the writers charge crimes against themselves or friends and of which they are presumably innocent. Letters are retained when addressed to imaginary people, and when they are unimportant and written in such numbers that the expense of sending them would be a burden upon their friends. One of our patients for many months wrote from twenty to fifty letters a day, all in the same vein, each letter being a reiteration of a mass of useless jargon. The friends could not afford, nor did they wish to pay postage upon such matter. Letters are retained when they are incoherent, blasphemous and obscene. Letters containing obscene expressions (and such letters are somewhat numerous in an insane asylum) are withheld from the post office because the sending of them would be a violation of the United States' postal laws. All letters retained are preserved, and the reasons for detention are inscribed upon the envelopes. When the State Commissioner in Lunacy visits the asylum he is shown these letters, and if he thinks that any of them are unwisely retained, they are at once forwarded to their destination. The sole object of reading and retaining letters written by insane patients are to ascertain the true mental condition of those under treatment, and to protect patients and their friends from such injuries as might arise should these letters be sent out without supervision. The surveillance exercised over letters written by patients at this institution is the same that would be exercised by a family physician in a private home, under the same circumstances. The insane have a right to place their grievances, real or imaginary, before impartial and intelligent tribunals; but when, by the influence of diseased brains, and disordered intellects, these patients develop an unfortunate tendency to injure themselves, to squander their property, to work harm against their relatives and dependents, and against society at large, they should be protected and cared for in a proper and considerate manner. We have read of a lady confined in a sister asylum as a pauper patient, who succeeded in sending a letter to friends in Germany, stating that she owned and was living in a splendid palace; she begged her friends to come on to America and she would care for them. They sold their little property in

the fatherland, embarked for America, and reached their destination only to find their hopes dashed by the fact that their supposedly wealthy relative was, in reality, a pauper patient in a lunatic asylum. This is only a single example of the injury wrought against innocent people by the letter-writing proclivities of insane patients. Who would calculate the dangers that might and would arise if correspondence of the insane in asylums were unrestricted and unguarded.

With regard to patients corresponding with any physician, or any lawyer, or with any other person with whom they might choose to correspond, we can only state that such a procedure would be an unwarrantable interference with the plan of treatment, and with the prospects of recovery among many of the patients committed to an asylum. Such a course would destroy the possibility of effecting a cure in very many curable cases. It is only by seclusion from all irritating circumstances, by constantly soothing the mind of the patient, and by restraining him from fostering his delusions by writing them over and over again, that we can effect recovery in excitable and suspicious cases.

Personally the officers of an asylum would have no occasion to regret the free distribution of mail to and from insane patients. At present they are obliged to examine the mail carefully for good and honorable purposes. But it is an immense task, and requires a great degree of tact and care. If patients sealed all letters, the actual condition of their minds would be hidden to a large extent from the attending physicians. These physicians ought to have as full and free opportunities to learn the condition of the patient as are accorded to physicians in general practice. Again, if these patients were permitted to seal and send all their letters, they would often violate the United States laws; they would often order goods from various firms when they had no money to pay for the same; they would frequently breed interminable troubles, and prevoke incurable wrongs, and develop disgraceful scandals in the communities in which they lived.

The questions arise: "Shall the best interests of the insane patient be destroyed by such an enactment?" "Shall the physician be forbidden to find out his patient's condition?" "Shall the laws of the United States be violated to gratify the ignorant folly of the insane man's friends, or to further the designing schemes of the avaricious and the unprincipled?" "Shall orders for goods be sent, to the general injury and disturbance of business concerns?" "Shall quarrels be brewed,

and hatreds engendered, and skeletons exposed by the acts and writings of insane and irresponsible persons?" These are questions for the masses of the people to answer.

Another provision of the proposed law is that female physicians shall attend all female patients in asylums.

It is difficult to conceive the real intent of this provision. If it is to be insinuated that male physicians cannot be trusted with insane female patients, then an insinuation is made against the character of such physicians which cannot be substantiated by any iota of fact. If male physicians cannot be trusted to treat insane females, then there should be established asylums for the female insane in which no man should be permitted to enter. At present, the heating of an asylum is attended to by a male engineer; all the damages are repaired by a male carpenter; the painting is performed by male painters; broken pipes are repaired by male plumbers; carpets are put down, pictures hung, furniture moved, and all other heavy drudgery is performed by male workers.

But under the new *regimé* female engineers, and carpenters, and painters, and plumbers, and workmen must be employed.

If no insinuations are intended against the moral characters of male physicians then it might be inferred that female physicians are entitled to a fair share of State patronage, and this right might justly extend to the care of the female insane.

But if this inference is correct, women physicians are not, by their numbers, entitled to one half of this portion of State patronage.

If it be granted, and we know no reason why it may not be, that women are entitled to public position in proportion to their numbers in the profession, there would not be more than one female physician to every twenty-five or more male physicians in our various asylums. A law compelling all insane women in asylums in this State to accept treatment from female physicians, would be no more just and equitable than a law compelling all females suffering with whatsoever disease to accept treatment from female physicians only. Such a law would be class legislation of a most objectionable nature.

If it is claimed that female physicians would be more successful in making examinations, and in sympathizing with and curing insane women, then we would take issue against such a claim on points of fact. The experiment of having female assistants in asylums has been tried in some of the institutions in this country; and, so far as we can learn, without any perceptible increase in the per-

centage of recoveries, or decrease in the percentage of deaths in those thus treated.

In the asylum at Middletown a most equitable plan has been adopted. An opportunity is afforded female patients who may wish to be examined by a female physician to have their wish in this direction gratified. Requests for such examinations are rare. Those who are likely to be benefited by uterine examinations are, as a rule, willing to submit themselves to examinations by the physicians in charge, whom they know and trust. In this matter, as in all others pertaining to the care of the insane, liberty of opinion and preference should prevail, as far as possible. In the outside world there are thousands of women who would prefer to be examined and treated, or operated upon, by such men as T. Gaillard Thomas, Lawson Tait, and Dr. Battey than by any female physician of their acquaintance. There are women in the community who prefer a female physician, and they should be accorded the right and privilege of their preference. There are women in asylums who may wish to be examined by female physicians, and we stand ready to gratify their wish in this respect, at all times, by sending to the village for a lady physician.

We believe that our reverence for woman is as largely developed as that in the majority of mankind, and we would certainly wish to do that which is just and right towards those members of the medical profession who wear the toga of womanhood.

But we do not believe that the wish or interest of insane women would be conserved by turning them over in a body to the care of female physicians who have not as yet, more than all other physicians, proved themselves preeminently skillful in the treatment of mental and nervous diseases. In some instances a woman may tell of her bodily disorders to a woman physician with more freedom than she would to a man. But there are many instances, as we all know, where a woman seeking for sympathy, and looking for medical help, freely and willingly selects a male physician because she trusts in his intelligence, his honor, his honesty, his strength, and his ability to lead her from the depths of disease to the delectable heights of health and happiness.

Other provisions of the new bill are to the effect that no person, committed as a lunatic in any asylum, should be subjected to any indignity or cruelty, or be required to perform labor without adequate compensation.

It is the aim of those in charge of the various asylums in the State to prevent indignities or cruelties against any patient confined therein;

and the law already provides suitable punishment for those who may commit any assault upon the persons of lunatics. Attendants who are charged with the task of caring for violent and irresponsible lunatics should not be subjected to greater penalties for infringements upon the rights of others than are imposed in general upon the various members of the community at large.

In the various State and county asylums, patients are generally requested to work when strong enough to do so; and this is a wise and just procedure. If the patients are paupers, their labor in an asylum, or upon the grounds pertaining thereto, helps to lighten the general expense of maintenance. Consequently, by the toil of the pauper the cost of keeping him is made lighter to the tax-payer. If the patient is a private case, maintained by his friends, he cannot be compelled to work, either with or without compensation. But he may be requested to engage in some light occupation, not so much for profit to the institution as for benefit to his own individual health. Labor should be prescribed by the attending physicians whenever personal benefit to physical and mental health seems likely to result, and without promise of pecuniary compensation. In many instances the work performed by patients is of little value except as it proves beneficial to the individual in the way of exercise. When a patient becomes convalescent, and is specially skilled in any art or mechanics, he may, and sometimes he does receive suitable compensation from the authorities, in the institution where he is confined. But such compensation should be left with the judgment and discretion of the authorities, and should not be imposed as a mandate of the law.

If compensation to insane patients for the labor they perform is made obligatory by law, then the expense of maintaining paupers is increased, and a perpetual discussion as to the amount to be paid is provoked.

Now the question arises: "What satisfactory and helpful improvements may be made by a revision of the present laws relating to the commitment, custody, and discharge of the insane?"

While the law in its present state is, in the main, wise, humane, and protective of the highest interests of the masses, we believe that some general improvements might be made, as follows:

(1) All physicians in good and regular standing should be eligible to the position of medical examiners in lunacy. But, before accepting these responsible positions, they should be compelled to fit themselves for their delicate and trying duties by a course of special study in mental and nervous diseases. All legally incorporated colleges should

avor their students with an adequate course of lectures upon these subjects.

(2) Physicians should be authorized to act as medical examiners in lunacy only after they have been in the actual practice of their profession for at least seven years. Pythagoras required of his pupils the study of a question in philosophy for seven years before he permitted them to express an opinion. And in the commitment of the insane, as much preparation should be required of medical examiners by study, and by the acquirement of a practical knowledge of insanity through practice and experience, as the great philosopher required in the expression of opinions upon abstract subjects.

(3) Before a physician is commissioned as a medical examiner in lunacy, he should appear before a judge of a court of record, and develop the fact that he is possessed with the qualifications required in the preceding sections.

(4) When a duly qualified medical examiner in lunacy makes a certificate, in a given case of insanity, he should not only swear to that certificate, but he should incorporate such a number of plain and palpable evidences of insanity as will enable the judge to not only approve it, but, upon such evidence, the judge should be enabled to grant a judicial order of commitment.

(5) Each judge of a court of record should be compelled to examine carefully the evidence of insanity recorded in all certificates presented to him and if satisfied with such evidence, he should then be required to give an order of commitment in each case; and, if not satisfied, he should either summon before him the physicians making out the certificates for further examination, or call a jury to decide the case, in his discretion.

(6) After a patient has been examined, and the certificate of lunacy prepared by two physicians, and a judicial order has been issued by a judge of a court of record, upon the evidence in such certificate, at least fifteen days' time should be granted in which to secure said patient's admission to an asylum.

(7) If it is necessary, in an emergency, to send a patient to an asylum immediately after he has been examined by two physicians, and before a judge's order has been obtained, then fifteen days' time should be allowed the judge to examine the evidence given by the physicians before he makes his final order of commitment. And it should be made legal and proper for the authorities of an asylum to receive and care for an excited case, in an emergency, for fifteen days before receiving the order of commitment from a judge of a court of record.

(8) In addition to the present facilities for discharging patients after recovery, there should be a board of lunacy commissioners empowered to examine all convalescent cases at least twice a year, and confer with the superintendent and unite with him in the responsibilities of discharging all who may have recovered.

(9) The law should empower the superintendent of an asylum, specifically, with the right to parole patients and allow them to leave the asylum in charge of their friends, for any term that may seem expedient; granting also, to the friends, the privilege of returning such parole patients in case of relapse at any stated period ranging from one month to one year.

By the afore-named measures the commitment of insane persons to asylums would be continued upon a medical basis; and yet these commitments would be guarded by every needful judicial care and requirement. The sending of an insane patient to an asylum during the early portion of his disease should be made as easy as possible; and yet such disposal of a patient should be made consistent with the vested rights to life, liberty and happiness of the individual citizen. A ready facility for committing patients to asylums for hospital treatment should be had in order that cures in the early stages of insanity may be effected in the largest possible number of cases. After commitment the patient should be examined at stated intervals by impartial and specially skilled examiners, and they should be discharged or paroled as quickly as the interests of the patient and the safety of the community will admit.

By adopting such measures notable progress in the line of reform will be attained, and at the same time the rights of those who are sick in mind and the interests of the community and society will be most surely conserved.

In our care and treatment of the insane, as in all matters pertaining to the general interests of the State and its citizens, we should endeavor to attain the greatest good both for the individual and for the masses. In enforcing the seclusion of the insane, and in placing them under wise, humane and successful treatment as promptly as possible after mental maladies have invaded the citadel of health, we are simply performing necessary and Christian duties. When valuable lives and great social interests are at stake we should always remember that "delays are dangerous." And we should likewise remember that prompt action in all emergencies of disease is one of the most urgent and imperative of

public duties. In the performance of such duties we should seek to execute even-handed justice, and likewise we should bear in mind that justice should always be tempered with that Divine mercy which sanctifies and enshrines,

"The throned monarch better than his crown,
And is the attribute of God himself."

WANTED, A HOMŒOPATHIC MATERIA MEDICA.

By ELDRIDGE C. PRICE, BALTIMORE, MD.

THE MOST we know of the therapeutic value of the large majority of drugs is there general sphere of action.

Of course, we do know a few *bona fide* detailed symptoms, but the greater part of our knowledge of the materia medica is a generalized knowledge.

The homœopathic materia medica purports to be the storehouse of remedies, or the indications for remedies, that are homœopathic to disease, *i. e.*, drugs, or indications for drugs, that are proven as applicable to certain pathological conditions or symptoms, because these drugs have produced similar symptoms or conditions in the healthy.

But no practical physician is so blind to the truth as to suppose this is really the character of our materia medica.

The homœopathic materia medica as known to the average physician consists in, first, a few true pathogenetic symptoms, second, individual peculiarities noted for the first time while proving, and third, clinical symptoms.

For a scientific materia medica, it is necessary that the genuine pathogenesis only be retained. I do not consider objections to the exclusion of clinical symptoms sufficiently important to merit prolonged discussion, because of the nature of this class of symptoms. Their sources are as a rule questionable, as they are often obtained by or from untrained observers. It is much easier to record a coincidence as an effect, than it is to prove the recorded effect to be a mere coincidence. Do not mistake me: I have no quarrel with genuine clinical symptoms as supplementary to scientific pathogeny, but I do object to mixing the results of questionable experience with even an approximation of scientific work.

Even though some of this class of symptoms be homœopathic, it is impossible to prove them so, because they never will be *produced* in health by the drug, even though the prover die from drug effects. Possibly at some distant day in the future, the comparative pathogenist may build a complete pathogenesis from certain given

data, which will include all the *bona fide* clinical symptoms of the given drug (somewhat after the method of a comparative anatomist); but that will only be when the study of analogies and the analysis of comparisons, has attained a higher scientific value than is at present its due. In the meantime we must adhere to facts as we know them, and acknowledge the average clinical symptom to be simply of a kind with our older school brethren's experience of the past centuries.

As a consequence of this mixing the results of questionable experience with the results of what aims to be scientific research, we have probably one-half of the so-called homœopathic prescriptions based upon the clinical symptoms collated in some book which is recognized as a standard of excellence by the bulk of homœopathic practitioners. Few prescriptions are based upon that simple provision, which is a prerogative of science. This fact is to be deprecated rather than censured in those who must necessarily depend largely upon text books, for it is exceedingly difficult to practice medicine and prescribe only upon pathogenetic indications. In consequence we are in need of some complimentary knowledge, and this we find in the accumulated experience of intelligent empiricism, which includes much of our clinical materia medica. To this department, therefore, we should relegate our clinical symptoms, until they are proven to be worthy of a place among the results of expert research by repeated and satisfactory pathogenetic verification.

Having called attention to the character of clinical symptoms, the individual peculiarities which have been incorporated as drug results yet remain to be discussed.

These recorded individual peculiarities are the result of many of our failures to cure, when we have carefully selected apparently homœopathically indicated drugs, and they are the cause of much doubting of homœopathy. The average pathogenetic record is loaded with these obtrusive personalities, which render many compilations of provings almost worthless.

Ignorance of psychology and of the untrustworthiness of human testimony, might be the defence of Hahnemann and of his immediate successors in compiling such records, but there is no excuse for our perpetuating such inexpert work. For their day, Hahnemann, Hufeland, Jean Paul Richter, Benjamin Franklin and Isaac Newton were all abreast of the times; but have their sons to the second, third and fourth generations made no progress since their demise?

Great as may have been their stature, we of to-day stand upon their shoulders and gaze far beyond their kin.

Many of the early symptomatologists, Hahnemann among them, were in some branches of their work as unscientific in their methods as are the "Mental Healers." The provings then compiled, were obtained regardless of and in ignorance of subjective influences.

Science has shown the fact that human testimony is almost valueless until submitted to expert criticism and analysis. It is impossible for any human being to say whether or not he has experienced many of the great variety of sensations evinced by the different organs and tissues of the body, during a drug test, unless close observation have been made of the habitual manifestations of the individual's normal condition of health prior to the proving.

Not only does this criticism apply to the oldest provings, but the new pathogeneses are also extremely faulty; in fact, it may be broadly stated that our pathogenetic records are incomplete, immature, and unscientific in the extreme, and are sadly in need of reconstruction, and in fact re-proving.

I am perfectly well aware that this subject has been canvassed much in past years, but never before was the need for a reform in drug provings more pressing than it is now, and though I am but little more than re-echoing the sentiments of many students of *materia medica*, both published and unpublished, yet the echo can do no harm.

For those who have not critically studied the subject of the imperfections of our *materia medica*, it may be well to give some illustrative details. A drug is selected, the nature of which is in many instances known to the prover. At the head of the record, the prover may or may not make a note of the existing state of his health, with a possible reference to some common frequently recurring annoyance, as a headache, or a diarrhoea; or possibly even the pulse rate or respiration may be given. The latter then often receives no further mention throughout the proving. Take for example some of the provers of *pulsatilla nuttalliana*:—"Prover, aged thirty-two, temperament sanguine phlegmatic; stature five feet eight inches; broad chest, sound lungs; dark straight hair; blue eyes; general health perfect; does not use tea or coffee, has given up smoking for some weeks."

This is probably fuller than the average preliminary history. Let us take another from the same drug:—"Prover, aged twenty; tall, spare habit; acne pimples on forehead; otherwise well

and of very regular habits; light complexion and hair."

Or this:—"Prover, aged nineteen; clear complexion; strong and active; perfectly healthy."

Or this:—"Prover, aged thirty; dark complexion and hair; healthy."

These provings were made nearly twenty years ago, but the health records are quite as full as some of those made yet more recently; take for example some of the provers' records of *carbo vegetabilis*:

S. A. J.—"Age a little over forty; condition of health fair."

Take another:—Mrs. M. D. C.—Age sixty-two; call myself a well woman, this being the first course of medicine ever prescribed."

Or take these:—J. R. H.—"Aged twenty-three; health good; had smallpox four years ago; badly pitted; temperament sanguine-bilious; hair brown; eyes dark blue; head twenty-two and a half inches in circumference; skin fair; form stout; habits good; bowels regular; urine normal; organs of chest large."

R. T.—"Health good; pulse seventy-two."

Or take these records from *lilium tigrinum*:—"Dr.——, nervous temperament; subject to nervous headaches, but otherwise healthy * * * Pulse, seventy-six."

"Lymphatic temperament; has never been sick."

"Sanguine temperament; in good health; pulse sixty-five; temperature and respiration normal."

"Being in ordinary good health, began the proving."

Some of these latter records were made less than five years ago, long since Dr. George M. Beard showed how important a branch of psychology is the study of subjectivity. They are all good as far as they go, but they amount to nothing as health records.

The proving of a drug is, or should be, a scientific experiment, which consists in putting into the human body, of which we know very little, a drug of which the prover should know nothing. The experimenter should be a scientist—at least to the extent of being conversant with his ethological peculiarities, besides being as familiar as possible with every detail of his normal physical functions. If, on the other hand, the prover be unacquainted with the detailed indications of his normal status, how can he possibly form a correct estimate of the degree of modification of this normal condition caused by its efforts to resist the invasion of an unknown quantity, the drug?

Another mistake is the variation in the prepa-

rations of the drug proved. Out of, say twenty provers, three, four, or possibly five will use the same dilution; the others will range from the tincture to the thirtieth, or higher.

Another defect is the dead-level value to which all the symptoms are most frequently reduced, or raised, if you please, by the inexperienced prover. It is done in this way: Instead of recording a symptom every time it occurs, it is simply mentioned once or twice; occasionally we may learn, by a chance reference to the frequently repeated annoyance, that such a symptom was more prominent than the others.

Beyond the mere fact of aiming to select a healthy individual for pharmacometric purposes, there is an utter lack of system in our provings. This preference for a healthy prover is a comparatively recent innovation, and even now we find symptoms recorded from the sick, undistinctively included among the records purporting to be true pathogenesis.

Again, one prover will make a specialty of keeping a record of pulse, respiration and temperature; another will be particular to frequently test his urine; another will closely watch his mental condition, dreams, etc., but none will carefully keep a well-balanced record in which all the vital manifestations have been duly given equal attention. In this way, no doubt, drugs often acquire a reputation in a special line that is entirely fictitious.

Not only is the prover not always careful to note symptoms that *do* appear, but he is not particular to note the cessation of symptoms that have appeared during the test. This is very important.

When a test of any kind is made, as a urinary analysis, and some substance is discovered not normal to the secretion, the fact of the non-appearance of the substance at a subsequent period during the proving, should be noted as unfailingly as the fact of its appearance. Phosphatic urine is a good example. (The phosphates are not so uncommonly present in the urine in ordinary, apparent good health as we generally suppose.)

The fact is, as already stated, the whole *materia medica* should be carefully revised and reprovved by a class of experts in the study of subjectivity in general, and as applied to proving drugs in particular. In *materia medica* facts are what we want, and not imaginings or opinions. We have accepted and tolerated the old slipshod method long enough, and now it is time to bestir ourselves and reconstruct our *materia medica*

upon a scientific basis. Let us get to work; but first we must familiarize ourselves with some of the problems in psychology, and then we can make our work such that even expert physiologists can find no flaw in either our method or its results.

It is not a question of taste; it is a question of necessity. Every branch of science and of art is progressing, and we cannot afford to delay longer the initiating of our reform.

Instead of bequeathing money for hospitals and for free dispensaries—which are a questionable benefit to the poor—let some of our wealthy doctors (?) and richer patrons endow a college of provers, such as was suggested years ago by Dr. J. P. Dake. Then, and only then, can we construct a *materia medica* upon which we can depend, and, as students of science, of which we need not be ashamed.

Mechanical Treatment of Whooping Cough.—Dr. S. Goldsmith of Reichenhall (*Southern Clinic*, Dec., 1885), gives a practical method by which he has had unexpected success. He treats this disease mechanically, believing that the nose and the naso-pharynx constitute the seat of the contagion, he injects a solution of salicylic acid (1 to 1,000), or corrosive sublimate (1 to 10,000), into the nose, making the injection every two hours, and affected in this way a complete disinfection of the nose and naso-pharynx. He only uses the injection in the daytime (six times), the next day only four times, and in most cases the whooping cough disappears by this treatment. Should another attack appear in a few days, it would only be necessary to make a few more injections. Dr. G. declares that whooping cough in the first stage will certainly disappear in the short time stated under the above-mentioned treatment.

Placental Alimentation.—Dr. Engelmann, in his work on the practice of obstetrics, stated that in some parts of Brazil the friends of lying-in women meet secretly and devour the freshly expelled placenta with great delight. If they find that their actions are observed before the feast, they bury or burn the article. Among the Jakutes also in Siberia, the husband seizes the placenta as soon as it is expelled and regales himself and one or two of his nearest relatives and friends.

Billroth's Views on Antiseptics.—This eminent pathologist writes the following on antiseptics:

1. Iodoform is the safest and most effective of all manageable antiseptics.
2. Moss, wood-turf, mould and oakum are useful where there are discharges from the wound.
3. Corrosive sublimate in dilute solution is practically inert as an antiseptic to wounds, and renders the patient and surgeon alike liable to mercurial poisoning.
4. Carbolic acid—which is known to be dangerous in strong solutions—is, in very weak ones, as good for wound irrigation as clean water, but probably no better.

CLINIQUE.

NOTES ON ALCOHOL AND ANTISEPSIS.

BY DAVID A. GORTON, M. D.,
BROOKLYN, N. Y.

"Who dares not speak his free thought is a slave."—*Euripides*.

WE are glad to see that the subject of alcohol in diphtheria is awaking such wide interest among physicians of all schools and in the medical press of every shade of opinion—thanks to the courtesy of the *MEDICAL TIMES*.

As is well known to some of our colleagues and to our *clientèle* generally, alcohol has been our chief reliance in the treatment of diphtheria for many years, with results which have more than justified the confidence which we at first reposed in it. That we have not sooner published our observations on the subject is due to the aversion which we have always felt of appearing in the rôle of a champion of any particular drug, or of any exclusive method of treatment of any disease. Nor do we do so now. Our delinquency in publishing may be deserving of censure, since considerations of humanity require that the widest publicity be given to experience with a remedy whose virtues in so grave and fatal a malady as diphtheria promise so much. Personal ease and the dread of hostile criticism have in this instance prevailed over sentiments of humanity, and compelled silence, which is sometimes golden, when we should have spoken. The subject is now pretty well before the profession, and many of its members have had an opportunity to prove for themselves to what extent alcohol is valuable in the treatment of septic diseases. And we feel confident that in diphtheria, especially, the experience of the profession will be that of our own, namely, that alcohol is an unfailing remedy for it in all cases in which its administration is not too long delayed—that is, not delayed until the constitution of the blood has become greatly impaired or entirely subverted. In this stage of the disease nothing is of any avail. The sentiments of Dr. R. N. Tooker, Professor of Diseases of Children in the Chicago Homœopathic Medical College, are in entire accord with our own on the subject of alcohol in diphtheria. "In malignant diphtheria," he writes, "I would swap the entire *materia medica* for a pint of good Bourbon whiskey and an experienced conscientious nurse to administer it regularly."* We are confident that Prof. Tooker does not speak unadvisedly, or without weighing his words and their

consequence on the therapeutics of the school to which he belongs.

There are a few physicians—and the New School has no monopoly of them—who are infected with a prejudice against the use of alcohol in any form or degree, or in any disease, and would not use it in any case, or under any circumstances, taking refuge in justification of their course in the mistaken and refuted notion that alcohol is always in any quantity a poison, irritating and exhausting, and never a nutrient, imparting force; that it is always a stimulant, acting on the organism like a whip on an over-jaded horse, serving only as an agent still further to exhaust the nervous energies. Its germicidal property is overlooked by them entirely. So strong is the prejudice of this class of physicians against the use of alcohol in any form, or against any innovation in the usual method of procedure, that the risk of death is incurred rather than adopt measures of treatment the success of which would cast a reflection on the trustworthiness of those "contained in the bond"—or established formulas, regular or irregular. Happily for humanity, the class of physicians to whom these observations apply is small and growing less in number day by day. Another decade will fill their places with physicians imbued with the liberal spirit, anxious to prove all things and to hold fast to that which is good.

The skeptical on the subject of the nutrient properties of alcohol do not sufficiently discriminate between the effects of the drug in small doses and large. All observers agree that in large doses alcohol is a depressant of the nervous functions, while the weight of authority goes to prove that in small doses it is a nutrient, breaking up in the organism into carbonic acid and water like the carbo-hydrates, and supplying, like them, a beneficent energy to the economy. The experiments of Duchek, Wollowicz, Parkes, Bouchardat, Anstie and others, seem to prove beyond all rational doubt that alcohol is a food in moderate doses; and most all the modern writers on food and diet, notably Drs. Anstie and Pavy, class it in that category. Dupré's more recent observations show that only a fractional part of alcohol escapes unconsumed from the body, even when narcotic doses of it are exhibited. "The amount of alcohol eliminated," says Dupré, "in both breath and urine is a minute fraction only of the amount of alcohol taken."* Pavy reviews the evidence pro and con, and comes to a similar conclusion. "From a review of the

**The Medical Era*, February, 1888.

** "On the Elimination of Alcohol." Dr. A. Dupré. Proceedings of the Royal Society, London, 1872.

evidence as it at present stands," he writes, "it may reasonably be inferred that there is sufficient before us to justify the conclusion that the main portion of the alcohol ingested becomes destroyed within the system, and, if this be the case, it may be fairly assumed that the destruction is attended with oxidation and a corresponding liberation of force, unless, indeed, it should undergo metamorphosis into a principle to be temporarily retained, but nevertheless ultimately applied to force-production."*

It is not as a food altogether, however, that alcohol is to be recommended, but as a medicine, and the chief of antiseptics in those cases of septic disease to which it is adapted. While the weight of evidence shows that it must be regarded as a nutrient, all observers agree that a portion of what is exhibited is unchanged in the system, passing off as alcohol in the breath, urine and perspiration. Carefully conducted experiments by Lallemand and others prove that even "when a moderate quantity of alcohol has been administered, it was recognizable in the pulmonary and cutaneous exhalations, and also in the urine for some hours afterwards" (Pavy)—so great is its diffusibility. It is this diffusible quality that renders the drug so available for aseptic uses. Taken up at once by the lacteals and lymphatics, it finds its way to the blood. Going with it the rounds of the circulatory apparatus, it is diffused through every part, and finally passes out of the system, more or less, through the emunctories with the degenerate and worn out tissue elements. It goes, therefore, wherever the micro-organisms go, and has every opportunity needed to exert its germicidal powers and properties upon them.

Few things in etiology are more certain or better established than the fact of the germinal origin of all the contagious and infectious diseases. There can be no doubt that each one of these diseases has an origin in its own distinctive germ or microbe. That is to say, the microbe of typhoid fever has a character distinctively its own and unlike the microbe of scarlet fever or diphtheria, and that the microbe of either of these last diseases is unlike that of measles or variola, &c. The cause thus being known in this class of affections, the indications of treatment should never be in doubt, namely, antiseptic. Since there is no symptomatology in these cases to deal with, which is of any use to us, no dynamic disturbances to combat or rectify, the abstract nature of which we are ignorant, but a countless hord of living microscopic demons to fight that have gained

access to the blood and are preying upon it, why dally with hypothetical remedies? Why should one seek in dynamics or the dynamized dose for means of cure, rather than in those measures which act directly on these insidious enemies of the economy, making war upon them and destroying them root and branch? This last method is certainly the most effective, as it is the most rational. No one to-day treats the itch, favus or common ring-worm (trichophytosis) with specifics or by internal medication; nor suppurative wounds without antiseptics. If the direct method be the most expedient, expeditious and practicable in treating such diseases of the skin as are due to a specific irritating cause, why should we treat that class of diseases, as typhoid and typhus fevers, diphtheria, &c., in which the blood is invaded by a specific, irritating germ, as palpable as the acarus of itch, the vegetable fungus of favus or trichophytosis, or the septic matter of wounds, on the destruction of which recovery depends, by a method less direct and expeditious?

The hope of the therapeutics of all specific and infectious diseases lies in the discovery of appropriate germicides for each and every one. The tendency of modern research, in the domain of therapeia is in this direction. In the treatment of typhoid fever, which rages every year with such fatal violence in thickly-settled districts, after the summer's solstice, much progress has been made, and it is not unlikely that ere long the profession will be in possession of a germicide which will effectually destroy the typhoid microbe and avert the fever which is produced by it. English, German and French investigators have labored in this field of research for a long time, bringing forward for this purpose calomel, subnitrate bismuth, carbolic acid, naphthaline, salicylic acid, &c., all of which are more or less antiseptics, but none of which, for obvious reasons, answers all the requirements in the fever of typhoid. Quite recently M. Bouchard, of Paris, has brought forward a substance which he claims to be the long-sought for desideratum in typhoid fever, namely, beta-naphthol. According to his experiments, this substance is a perfect germicide for the typhoid germ, even in small and innocuous doses, thoroughly destroying the bacilli of the stools without the irritating effects of calomel on the alimentary tract, or the constipating action of bismuth. According to the observations of Fürbringer, myriads of these micro-organisms infest the bowels in typhoid cases and show themselves in the stools. Some idea of their number and diminutive proportion may be imagined

*"Food and Dietetics." By Dr. F. M. Pavy. Philadelphia, 1874, p. 141.

by the statement of Fürbringer that he found 112,000 of them in a centigramme of faecal matter—about 1-65th of a grain!

Should the experiments of M. Bouchard be verified and beta-naphthol prove to possess the properties which he claims for it, it will revolutionize the therapeutics of typhoid fever, and convert what is now a fearful scourge into a mild and thoroughly innocuous malady.

The problem of antiseptics is more complicated in gastro-enteric, or typhoid fever, than it is in diphtheria. In the former disease the bacilli develop in the alimentary tract through its whole course, and thence find access to the blood. They are therefore most difficult to be reached by any substance, innocuous to the economy, and at the same time destructive of them. Such a substance must be insoluble; otherwise its absorption by the stomach would follow its administration and prevent its reaching the bowels; it must not be astringent or binding, otherwise the bowels would be obstructed by it and the dejections retained, which would be a serious complication.

In diphtheria, the characteristic parasite at first develops on the glands of the throat and fauces, the mucous membrane of the pharynx and mouth, from whence they are easily reached and destroyed by an appropriate germicide in solution. If they are promptly and effectually destroyed in the throat the malady is at once arrested and convalescence is assured. All physicians have acted upon this idea from the outset of its history, but have erred in the application of it. Instead of using a mild and appropriate germicide they have invariably resorted to harsh and inappropriate antiseptics, such as the caustic alkalies, the mineral acids, and even the solid caustics, as potassa fusa and silver nitrate. The result of these heroic applications has been unfortunate—worse than no local application whatever, as the experience of strict homœopaths proves. The reason is obvious: In the first place, the caustics have been partial in their application. Being poisonous they could not be swallowed, and therefore could not reach *the whole throat*. In the second place, the caustics, in destroying the fungus exudation in the throat, have produced lesions of the mucous membrane of the part, and thus facilitated the absorption of peccant or parasitic matter by the blood—the very thing most to be dreaded, the only thing, we may say, to be dreaded, and the very thing to be avoided; for so long as the peccant matter of diphtheria is confined to the surface of the mucous membrane, or beneath its epithelium, where the unconscious powers with marvelous prescience exudes it, the

victim is safe—indeed he is not seriously ill. All know the danger of open blood vessels in any form of contagious or specific fevers. Such an accident in diphtheria is almost certainly fatal, for the reasons stated.

In diphtheria, therefore, alcohol answers all the requirements of perfect antiseptics, from a theoretical point of view, being a deadly foe to micro-organisms, easily handled, accessible to all parts of the mouth, pharynx and nasal fossæ, and pleasantly tolerated by the economy in small, but sufficient and oft-repeated doses, for the purpose required. From a practical point of view its *modus vivendi* is all that synthesis requires of it. Fifteen years experience with the drug, during which it has been our chief reliance in diphtheria, has confirmed our confidence, the result in no case being a disappointment. On the contrary, every case that has come under our observation during this period has justified our deduction of its effects and strengthened our conviction of its utility. But one loss from the disease has occurred in our practice under alcoholic treatment, and that took place under circumstances which increased rather than diminished our confidence in its efficacy. Let us briefly relate the facts for the sake of what they teach:

Early in January, 1884, malignant diphtheria developed in a well-to-do family of ten children, in Brooklyn, the youngest of whom was two and a half years, the oldest seventeen years. The other members of the household consisted of three servants, a young lady nurse, and the mother—the father being dead. The mother was a strong homœopathist, an intelligent woman, and was accustomed to treat the little ailments of her children herself, calling her physician only when graver ailments arose. In the case we are about to relate one of her little girls, aged eight years, complained on one occasion of sore throat, which the mother mistook for an ulcerated throat, and treated it accordingly. The child did not seem to be very ill, although confined to the bed, and the mother therefore persevered with her remedies. On the fifth morning of the attack the child was found in a condition of profound prostration, unable either to speak or to swallow. We were at once summoned to the little sufferer, only to pronounce the child hopelessly ill with malignant diphtheria. She lingered two days under hypodermics of brandy, at first, and died easily—peacefully—I may say pleasantly, for under brandy she had recovered the power to swallow and to speak, and had command of her mental faculties to a remarkable degree and longed to go hence—of blood poisoning.

As no disinfectants had been used down to the time of our taking charge of the case, the stench of the room in which the child lay ill may be imagined. Nor had precautions been taken against the spread of the malady. All the family had had free access to the apartment, and two little girls beside the patient had slept in it. We anticipated, therefore, with good reason, a hard fight, and took the initiative accordingly by administering whiskey to all. The mother and nurse sipped whiskey occasionally, and a weak dilution of the same was prescribed for the children, vainly hoping to prevent further development of the disease. Three days later a grayish exudation appeared on the fauces of each of the children that had slept in the room with the deceased child, with fetor and a sharp rise of temperature. At this juncture a weak solution of mercurius biniodide, 1st centesimal potency, was prescribed, to be taken every two hours, and one teaspoonful of whiskey to be administered on the alternate hour. The fungus exudation in the throat was very persistent, involving the nasal fossæ and the nostrils and giving rise to fetid discharges from them. The temperature was kept down by alcoholic baths. No attention was given to nourishment. Nevertheless, both children made prompt and excellent convalescence, escaping the debility and anæmia so often met with in such cases under other methods of treatment.

Ere these cases had recovered, two of the older children developed the same symptoms, which ran a similar course under the same treatment, each making an excellent recovery. Later, a servant in the family became ill with diphtheritic symptoms, but recovered promptly under teaspoonful doses of whiskey, repeated at intervals of two hours. The other members of the family had slight attacks of the malady, which yielded pleasantly to sips of diluted whiskey. It should be stated that the rooms of the patients were freely disinfected with carbolic acid.

Another noteworthy case of diphtheria was that of a young girl who came under our care soon after we began the use of alcohol in that malady. The child had contracted the disease by ignorantly visiting a family where three children were ill with diphtheria, every one of whom died of it. At the outset of our visit to this case the diphtheritic symptoms were well marked. The mouth and pharynx were covered with the characteristic exudation; swallowing was most difficult, the glands of the throat being greatly swollen, as also were those of the sub-maxillary and neck. The treatment of this case consisted almost exclusively of undiluted Jamaica rum, one

teaspoonful every hour during the first day, and every two hours the subsequent days. At first the rum produced no more irritating effect on the throat and mouth than water. The child did not appear to feel it at all. But the effect in destroying the fungus and cleansing the mouth and throat was marvelous. The exuded stuff turned dark under the action of the rum, and finally dissolved and passed away, leaving the mucous membrane raw and sensitive to alcohol. The swelling of the glands subsided; the pulse and temperature became normal—all within five days from the beginning of treatment. The subsequent treatment consisted of teaspoonful doses of rum and water, equal parts, to which a little glycerine was added, at intervals of two hours, and a diet of milk-gruel, taken liberally. The child recovered perfectly, the disease leaving behind no trace of sequelæ or constitutional effects. The absence of sequelæ, it should be observed, is a feature which has characterized all our experience with the alcoholic method of treating this malady.

As to the dose of alcohol, our experience has justified the effectiveness of the small dose. We have reason to doubt the propriety of giving the drug in massive doses, under any circumstances. It is true that in septic conditions the system will often tolerate a large amount of alcohol, but there is no reason why its powers in this respect should be put to the test, as has been done by many experimenters. There is great danger of overdoing the doses, and of getting the depressing effect of the drug in those cases, when the last condition of the patient would be worse than the first. While no rule of dose can be laid down, to which the physician should adhere, we advise beginning with the minimum dose, often repeated, and increasing the dose only as the indications seem to require. It is the curative effects that are to be sought for, not alcoholism.

It is worth while to observe that, as a rule, we have found alcohol a prophylactic in diphtheria. As the disease develops in the throat it is altogether probable that the contagion is at first received by the mucous membrane of the throat and mouth. If, therefore, under circumstances of diphtheritic contagion, the throat be often cleansed with an aseptic solution the germs of the disease are destroyed on the spot, and no infection can take place. For this purpose a gargle of alcohol and water, equal parts, is the most expedient, as well as the most effective. A few drops of rum or whiskey to be swallowed occasionally is also advised. The case above related was nursed by the child's mother unremittingly from first to last. The father was often in at-

tendance also. Our instructions were imperative that they should moisten their throats often with a few drops of undiluted rum. The result was immunity from the disease in both. It is sometimes difficult to enforce this method of precaution upon attendants in these cases, either from negligence, or reckless self-assurance of immunity from the disease, for which reason, it is believed, the drug has occasionally failed to exert its prophylactic powers. Moreover, we have repeatedly treated isolated cases of the disease without the precaution of quarantine, and prevented the contagion from affecting the other children or members of the family, by the means stated. This method of prophylaxis has sometimes failed, as has been observed, but it is worthy of note that in cases of failure the disease has developed in a modified form, rarely presenting symptoms of especial malignancy.

We have brought forward the foregoing typical cases of diphtheria to show the value of alcohol in the treatment of that malady. They are by no means exceptional in our experience. Scores of similar cases might be adduced with similar clinical history, similar treatment and with similar results. To relate them would be too monotonous to be interesting. We therefore forbear to make further comment except to say that we have no failures to record—no deaths to chronicle under the alcoholic regimen, except in the instance to which we have referred.

We have found, moreover, alcohol of great benefit in catarrhal ulcerations of the throat, and in ulcerative tonsilitis. In such cases our custom is to use alcohol diluted in equal parts of water as a gargle three or four times a day—in serious cases more frequently than that. We advise it as a purely sanitary measure, and not to the exclusion of other treatment. It cleanses the throat and makes the patient more bearable to himself and to others, beside hastening convalescence. These forms of throat affections are communicable to others. The prompt use of alcoholic gargles renders them less liable to be communicated by virtue of their aseptic action.

In catarrhal bronchitis, as well as in phthisis, alcohol is of great benefit. In the former disease we frequently prescribe it for sanitary purposes in the form of inhalations. A convenient method of administering it in this way to these cases is by means of a sponge wet in alcohol and applied to the nostrils. For this purpose, the sponge should be of small size and of fine quality, thoroughly cleansed and wrung out of water. While moist, add a few drops of pure alcohol, and it is ready for use. A serious case of catarrhal bron-

chitis of long standing, which had for months resisted specific medication, made a good recovery under our care by this means. The patient has continued to use the alcoholic inhalations, and successfully so, against relapses whenever he takes cold, or the cough returns. In phthisis we use alcohol in the form of whiskey or rum in considerable quantities, with water, milk or cream, as the patient may prefer. As all know its uses and efficacy in these cases, in promoting expectoration and supporting the patient, further comment in this connection is unnecessary.

As in phthisis, so in the continued fevers of specific or germinal origin—the aseptic action of alcohol is limited to a narrow sphere, being chiefly of service in sanitation, reducing surplus heat, and as a supporting agent—always to be administered in small doses, frequently repeated. In the choleras—cholera morbus, cholera infantum, as well as true specific cholera—alcohol, in some form or other, has a wide range of aseptic action. In the two former of these diseases it is most useful administered in the minimum dose and in the form of brandy. To infants suffering from cholera our custom is to administer a few drops of brandy diluted in ten to fifteen times the quantity of warm water, adding sugar or glycerine sufficient to make the mixture palatable, and to give it in teaspoonful doses every few minutes until the graver symptoms abate and the child can safely take other nourishment and be trusted to other medication. Specific or Asiatic cholera requires more heroic doses of the remedy, but experience has proved it to be of great value in sufficient doses in that disease. It is more effective and reliable, in fact, than any of the so-called "cholera mixtures," or than specific medication.*

* Apropos of alcohol as a remedy for Asiatic cholera, the following excerpt, which we clip from the *Mail and Express*, October 7th, 1887, from a correspondent at Buffalo, signing himself "Ed. Mott," is interesting. Many years ago, during one of the Allegheny's trips from Buffalo to Milwaukee with a load of emigrants, cholera broke out among them, of the most virulent type, nearly all the passengers dying of it. The epidemic was finally checked by New England rum, a keg of which was accidentally discovered among the cargo and appropriated to the use of the survivors:

"SAVED BY NEW ENGLAND RUM."

"When the epidemic was raging its worst, just before we reached Milwaukee, Samuel Curtis, the first engineer, was stricken with the disease. He was removed to the wheelhouse, for there was a most sickening stench on the vessel, and how any of us ever escaped death during the voyage I have often wondered. I gave the last drop of the cholera medicine to the engineer, although I knew that it would do him no good. I don't know what made me think of it, but while looking at Curtis, surely going the way of the others, I suddenly remembered that there was a keg of New England rum in the cargo. What virtue there was in that I couldn't tell, but something urged me to administer rum. The cask of rum was found, the head knocked in and a dipperful given to Curtis. In a few minutes he was dead drunk. He lay in a stupor for two or three hours. When he awoke he said he was better, and so he was, for an hour later he was at his post in the engine room. That cask of rum was used up in doctoring the sick among the emigrants, and I believe it saved lives."

Alcohol is death to the cholera bacilli, and, at the same time, sustaining to the waning powers of the system. In these cases its action is altogether similar to that which is observed of it in diphtheria, namely, as a germicide and as a nutrient.

We should do injustice to the therapeutics of alcohol did we fail to mention its beneficent influence in pyæmia and septicæmia. As a medicine in those states it ranks every drug in the pharmacopeia, not excepting opium; as a food, it is the best and most sustaining, as it is often the only form of nourishment that the patient can take or the system tolerate. In those "accidents" of the puerperal state, puerperal peritonitis, pelvic peritonitis, cellulitis, &c., alcohol, in its two-fold property of sustenance and antisepsis, possesses life-saving powers. The dose should be a small one, a drachm of alcohol diluted in thrice the quantity of water, and frequently repeated—hourly if the pyrexia is severe, or per contrarium, if the temperature falls below normal and collapse is threatened. My policy in these trying cases is to make sure that alcohol be always present in the circulating fluids, so long, at least, as septic matter is present in them. We do not underrate the value of opium in these cases, nor of arsenicum album, hyoscyamus, veratrum viride, belladonna, and several other remedies of the Old and New Schools, each of which has its appropriate place in the therapeutics of the puerperal state; but if we could not have them all to draw upon, or if we had to dispense with any of them, we would hold on to alcohol in preference to either or all of the others, feeling that in that drug we had a certain, definite and effective weapon against the septic matter which threatens to subvert the existence of our patient.

Let no one suppose that we make this statement hastily, unadvisedly or without due thought or consideration. We speak from experience, having not long since had two cases of puerperal septicæmia of decided malignancy, each of which escaped death only by constant exhibitions of whiskey, alcoholic baths and swathings. Opium was freely used in one of these cases, and small doses of hyoscyamus and arsenite potassa in the other; but it was alcohol that equalized the temperature, in a measure—reduced it when high, or brought it up when low, regulated the pulse and circulation, and sustained the patient through a most trying ordeal. Alcohol, only, could correct the septic condition which threatened to subvert the vital powers and to wreck a human life.

A New Method of Removing Aural Polypi.—Dr. A. P. Whittell states in the *Pacific Med. and Surg. Journal*, July, 1887, that he has treated five cases of Aural Polypus (all in the external meatus) with uniform success by the application of arsenious acid; so that in his hands, this procedure will, in the future, take the place of the somewhat painful and often tedious operation of removal by the snare or knife. He says:

The preparation I use consists of finely pulverized arsenious acid, rubbed to a thick paste with creosote. I attribute the efficiency of the remedy solely to the arsenious acid, although it is not improbable that the creosote may play a not unimportant part.

The application to the tumor is absolutely painless. The amount used is infinitesimal, probably not exceeding the one-hundredth of a grain each time.

I apply every second day, using a small silver probe, the end of which is moistened with the paste, a portion of which adheres to the tumor when touched with it. I make no attempt at spreading the paste over the surface of the tumor, a single point of contact being seemingly sufficient.

After making the application, I insufflate powdered boric acid to the depth of about an eighth of an inch, which acts as an absorbent of any secretion which might dislodge and convey arsenious paste to another part.

The action of the remedy seems to be to destroy the vitality of the tumor, without, as might be expected, eroding its surface or changing its form.

After the first application, a polypus loses its bright red color, and assumes a pale, grayish appearance, which it retains until it becomes detached.

In nasal polypus, I consider it best to remove the greater portion first by instrumental means, after which the pedicles or small remaining parts may be touched with the paste, which I believe will prevent a recurrence of the tumors.

I would caution against applying the paste to a polypus projecting slightly, or only visably, through a small perforation in the membrane of the tympanum, from the middle ear. The application will soon cause its detachment, and if the perforation in the membrane is too small to admit of its ready exit into the external meatus, it will fall into and lodge in the inferior portion of the tympanum, where its presence might produce serious consequences, the only remedy for which would necessarily be to enlarge the perforation sufficiently to admit of the passage of the detached tumor.

The supposition is justifiable that the application may prove equally efficacious for the removal of polypoid growths occurring in other parts than the ear, or, at least, prevent their recurrence after extirpation by other means.

Diphtheria Caused by Furnace-Heating.—Houses heated by furnaces are a frequent cause of the disease. As this fact may be questioned by some one, I give here a receipt for "catching" diphtheria:

Stand for one hour a day over the register of a furnace; continue this practice for five days. Result:

1st. Congestion of the pharynx.

2d. A tonsillitis.

3d. A diphtheria pure and simple, and a severe headache.

If any doubting Thomas reads and disputes this. He has only to make the trial five days to be convinced.

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EGBERT GUERNSEY, M.D.

ALFRED K. HILL, M.D.

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NEW YORK, APRIL, 1888.

THE NEW YORK MEDICAL TIMES with this issue enters upon the last half of its second decade of independent journalism. The anticipations of the founders of the journal have been more than realized in the success of the enterprise. Appealing to the spirit of progress and fraternal feeling which so largely exist among the advanced men of our profession we have been more than gratified with the kindly greetings and earnest support of men of every variety and shade of opinions whose motto is "prove all things and hold fast to the truth." Entering the field of journalism with the firm conviction that a journal was needed which would be the organ of no sect or party, but freely open to the discussion of every phase of medical opinion intelligently presented and supported by facts, while we have given special prominence to therapeutics, views which seemed to us to be based upon scientific deductions we have courted for them the fullest and most searching analysis, and have insisted that the field of scientific medicine is too broad to be covered even in therapeutics by a single dogma. Journals for special departments of our profession are, of course, needed, and have done and are doing a vast amount of good by collecting facts and bringing out and illustrating in a practical manner the advances made in the special

line of work to which they are devoted. THE TIMES has marked out for itself a different line of work, and appeals not to a sect, not to a party or a specialty, but to the whole profession, with the assurance that all great questions shall be discussed with the freedom, the frankness and candor which becomes scientific investigation. We propose to make THE TIMES a record so far as opportunity will permit of the progress of the age in our profession. Never in the history of medicine has it made such rapid advances in every department as in the last ten years. Bigotry and intolerance, become less blatant and bow their heads before enlightened thought and the light which scientific investigation is rapidly bringing to bear upon all disputed questions. Thoughtful men, leaders of public opinion, no longer feel like presenting positive opinions upon matters which they have not fully investigated, and are prepared to give intelligent reasons for their conclusions. Institutions like the Carnegie Laboratory and the Loomis Laboratory, where the most delicate investigations are made with patient labor and scientific precision; the polyclinic and the post-graduate courses, with their abundance of clinical material and teachers eagerly searching after reliable facts and experience, and willingly utilizing them in their work, are doing much towards bringing the whole profession into active sympathy with thorough systematic study and scientific investigation; and the more thorough and catholic the training, the less dogmatism will prevail, and the stronger will be the bond of respect and sympathy in the ranks of a great profession. To all those who are in sympathy with the course which THE TIMES has followed in the past, we bespeak the support and literary aid for a still more efficient work in the future.

A MUCH NEEDED ORGANIZATION

WITH each year the diseases produced by disturbance of the nervous system in some of its parts are being more carefully diagnosed and better understood. With our medical knowledge of nervous diseases, and the effect they may produce not only upon the mind, but upon every tissue in the body, arises the necessity which is more and more felt by the physician for nurses thoroughly trained in this special direction. The ordinary training school prepares the nurse for the general routine duties of the sick

room, and is so infinitely superior in every respect to the old system of nursing that it at once secured popular confidence and support. In surgical, obstetrical and general nursing, the instruction and general training of the schools are minute and thorough, but these schools are connected with general hospitals in which no special attention is given to diseases or affections of the nervous system, and in this class of troubles the profession and the community feel the want of that direct training on the part of nurses which can best be learned by special anatomical, chemical and physiological instruction, and a careful personal observation of patients in the variety and various stages of mental and nervous conditions in which they are seen in large institutions where they are treated as a specialty. Here are studied the relationship between cause and effect, as is seen in the sympathetic action of diseased tissues in various parts of the body upon the nervous system and the mind, and the adaptation of general surroundings, the direction given to the mind, and the selection and preparation of food best suited to the wants of the system. A general knowledge of these elementary principles and a familiarity of the various stages of the vast variety of affections of the nervous system would round out into much greater completeness and efficiency the education of the nurse than is now obtained in any of the training schools.

The trustees of the New York State Homœopathic Insane Asylum at Middletown, feeling that an institution which has taken such high rank in public estimation as second to none in the world for comfort, healthfulness of location, beauty of surroundings, and completeness in all its details for efficient work, and equalled by none in its records of cures and relieved, should be utilized to a certain extent for educational purposes for the benefit of the State which has ever given it such prompt and liberal support, have made provisions for the establishment in April of this year, of a training school for nurses. The school will be under the direction and instruction of Superintendent Talcott and his medical staff, and will consist of both male and female nurses. Careful instruction will be given by the faculty once a week in the form of conversational lectures upon anatomy, physiology, hygiene, chemistry, bandaging and minor surgery, with all necessary illustrations and experiments. The principles taught and the instruction thus obtained they will see demonstrated and utilized in their daily work as nurses in the different departments of the institution. Those now in the institution who have served faithfully for two years, will be permitted to graduate one year from the 15th of April. Those who have studied less than two years will be obliged to attend lectures and to study for two years before graduating. Pupils from other schools will be received for a shorter time than the full course, receiving a certificate for the time passed. As the number of nurses in active work are limited, these pupils will only receive compensation as vacancies occur which they can fill. There are at present in the asylum over five

hundred patients, and the necessary accommodations will be made during the summer by constructing new buildings for nearly three hundred more.

We congratulate the asylum not only for its past record and the efficient work it has done, but for its promise of still more efficient work in the future. We are confident that the influence of the new training school will be felt in the better care of the insane in the asylum, but still more largely in the methods taught there being disseminated through its graduates into the communities where they will be carefully sought for in the practice of their profession.

IS IT CANCER?

THE EUROPEAN physicians have about as much trouble in determining the real nature of the disease which afflicts the new Emperor of Germany as our American surgeons had in locating the injuries and defining their character which caused the death of President Garfield. In the controversy between the celebrated English expert, Sir Morrell Mackenzie, and the German surgeons, Sir Morrell evidently has the best of it; for while the others have asserted most positively that the disease is cancer, and must speedily end fatally, Sir Morrell has never said that the disease was not cancer, but that it lacked many of the distinctive features of that disease. In this opinion he has evidently been influenced by the microscopic analysis of Virchow, one of the most eminent microscopists and pathologists in the world, who found no evidence of cancer cells in the specimens examined, and unhesitatingly asserted that the specimens brought under his observation were from a non-malignant growth. Dr. Waldeyer, a former pupil of Virchow, in a very recent microscopic examination at San Remo of specimens taken from the throat, said although no cancer cells were found, there were cells of such a nature that he thought they might come from a cancerous growth. The question comes up, are the revelations of the microscope even in the hands of the most skilled manipulators always conclusive? The position of Mackenzie, that the condition of the throat, as revealed by scientific tests, and a careful analysis of symptoms, are to be treated, independent of names and theories, with all the light which science can bring to bear upon the subject, is one which receives the warmest approval of the profession outside of Germany. Whatever may be the termination of the disease, Mackenzie will lose nothing of reputation in the common sense and conservative course he has taken, especially in his positive refusal to sanction for a moment the excision of the larynx, an operation strongly recommended by the German surgeons. It has been said, and we think correctly, however painstaking the German mind may be in minute and original investigation, it is infinitely behind its English and American colleagues in quickness of perception and in practical results.

Dr. Lennox Brown, a well-known English laryngotomist, in the *Medical Press* draws attention to the fact that the original cause of irritation was undoubtedly the attack of measles from which the prince suffered early last year, it being on record that the laryngitis and first evidence of a new growth were direct sequels of that illness. "We all know," says Dr. Browne, "how serious are the sequelæ of measles in the respiratory passages, and how much more grave they are in the adult than in the child, while as a predisponent to laryngitis in the case of the Crown Prince, the circumstance should be noted that his voice has been unduly exercised both professionally and conversationally, and that he has freely indulged in the use of tobacco. To this inflammation of the larynx following measles has to be added 'repeated traumatism,' not by the removal of the new growth by Sir Morrell Mackenzie, but by the electric cauterizations which were employed even daily by one of the prince's physicians for a period of several weeks before he came under Sir Morrell Mackenzie's charge."

The whole history of the case, the microscopic examination and the symptoms of the patient were quite sufficient to warrant Mackenzie in discontinuing the heroic treatment which had evidently done so much injury, and to give at least a guarded diagnosis and not altogether hopeless prognosis. From all the facts we can gather on this side of the ocean the disease of the Emperor is just as likely to prove perichondritis as cancer, and his speedy death from an incurable disease is not so certain after all. A simple irritation increased by mistaken diagnosis and unwise treatment might be sufficient to rouse into active force any hereditary taint lurking in the system and seriously complicate what otherwise might have been a condition easily amenable to judicious treatment. Descended on the mother's side from Crazy Paul of Russia, whose diseased system has tainted the life blood of all his descendants, it would be somewhat strange if the Emperor should prove an exception to the general rule.

SEA-SICKNESS.

IN SPITE of the failure of so many specifics for sea-sickness each year, some careful observers give us new theories which as theories are often very plausible, and new remedies, some of which are soon numbered with the long list of partial or entire failures. Dr. Rebati in the *Lyons Medical* says he has often given hypodermic injections of atropine in one-fiftieth of a grain with complete success in sea-sickness, entirely relieving the nausea and vomiting and followed by no bad results except perhaps a little dryness of the fauces. The remedy may be repeated if necessary every seven or eight hours.

M. Ossiarn Bonnet in a paper read before the Academy of Medicine in Paris January, 1888, argues that sea-sickness is a purely nervous affection and the true curative rem-

edy is antipyrin. The manifest action of the drug in decreasing the excito-motor power of the spinal cord directed his attention to it as a remedy to control sea-sickness, which he thought he had demonstrated to be a purely nervous trouble. In order to test the remedy he made a voyage from Havre to Buerno Ayres and gave it in sixty cases, in every one with entire success. He commenced with a dose of twenty grains, which was usually sufficient but if not the dose was repeated. If the vomiting was persistent the first dose was given hypodermically and the second by the mouth. For two or three days prior to sailing he advised the use of saline laxative, and at all times during the voyage strive to keep the digestion and bowels in good condition. The treatment is simple and well worth a trial, but we imagine like other specifics in some cases it may be successful and in others prove an entire failure.

Dr. Andeer, an old Transatlantic traveler, claims he has found a positive specific for sea-sickness in *resorcin*, fifteen or twenty grains of which will in almost every case abort the trouble in its first symptoms and a relapse is seldom observed. Where vomiting has set in and there is tremor or heavy feeling in the back of the head and constipation two or three doses should be given daily until entire relief is obtained. Should the sickness return during a heavy sea a single dose may be taken.

THE *New York Tribune* in a recent editorial sums up the medical controversy which for more than a month was carried on in the *London Times* by some of the leaders of the two great schools of medicine: "The medical controversy which has been raging for a month or more in *The Times* was summed up yesterday in an editorial which leaves the 'regular' doctors aghast. The leading journal practically sides with the homœopaths against the allopaths. Not that it pronounces judgment on either system, but for the purposes of this controversy it gives the allopaths the worst of it. This attitude is the more surprising because homœopathic doctors are in England a very small minority. They number less than three hundred. Lord Grimthorpe, who believes in homœopathy, began the discussion that *odium medicum* is not less bitter than *odium theologicum*. Dr. Brudenell Carter, Sir J. C. Browne, Dr. Bucknill, and other eminent 'regulars' attacked him fiercely, but only proved his case; for they attacked their homœopathic rivals more fiercely still. They have written scores of columns with the one refrain: Homœopaths are either knaves or fools. The homœopaths, notably Dr. Dudgeon, one of the most distinguished, replied with good temper and good sense enough to bring *The Times* round to their side. Homœopaths in England receive their diplomas from the same colleges as the allopaths. If they are fools, asks *The Times*, what guarantee have the public that the allopaths are wiser?"

THE RECENT death of Henry Bergh in this city, the founder of the Society for the Prevention of Cruelty to Animals, directs public attention to the good which one man can accomplish when he gives to some special object his time, his energy, and his best thoughts. Mr. Bergh secured the passage of laws to protect the animals used in our city from abuse and cruelty,

and in the rigid enforcement of these laws, without fear or favor, has left a proud record as a public benefactor. Possessed of an ample fortune, liberally educated, he chose, instead of leading a life of luxurious pleasure and elegant idleness, to devote his time, his energy and his fortune to that class of the brute creation who were considered outside the pale of law and whom all had the privilege to abuse. The amount of good which has been done by the well directed efforts of the society which Mr. Bergh founded, is beyond calculation, and the public will rejoice that his own donations to it, and those of philanthropists who recognized its great importance, have been so great as to insure its permanency among the institutions of the city. Mr. Bergh once remarked to us he had no special sympathy for two-legged animals of the human species, but he was keenly alive at all times to the sufferings and the abuse of dumb animals.

DISEASED MILK.—There are numerous cases on record where disease has been communicated not only to children, but adults from milk supplied by diseased animals. The Bureau of Animal Industry in the State of New York has been so thorough and efficient in its work of stamping out the most malignant and contagious of all forms of cattle distemper, pleuro-pneumonia, that but little danger need now be apprehended from the disease. Almost absolute power has been given to this Bureau in the five counties from which the city of New York draws its principal supply of milk, New York, Westchester, Kings, Queens and Richmond, in the management of cattle. No animal can be removed from one stable to another or sent to an abattoir to be slaughtered until a permit has been obtained. In the quarantined counties every animal is registered on the books of the Bureau and evasion of the law in the slightest particular is almost sure to be detected and followed by punishment. The Bureau deserves the hearty commendation of the public for the energy and efficiency with which they have carried on their work.

CORROSIVE MERCURY IN TYPHOID FEVER.—Corrosive mercury has long been a favorite remedy in the New School in certain

stages of dysentery and typhoid fever, the cause or manner of its specific action, however, being but little understood. The careful study of the germ theory has led many pathologists to regard both to a certain extent as germ diseases, and in looking for something to destroy the germs, or at least impede their growth, they have turned their attention to the new and most powerful germicide corrosive mercury as the coming specific in controlling these diseases. M. Charrin, in a communication to the Paris Society of Biology, recommends in typhoid fever the internal administration of the 1-30,000 to the 1-60,000 of corrosive mercury, believing that in these doses the typhoid bacillus will be annihilated or rendered inactive, and also the secretion of poisonous ptomaines be prevented. Another French writer, Dr. Edward Rondot, reports twenty-three cases treated during the past year with small doses of corrosive mercury often repeated with the result of shortening the term of disease, a relief of the intensity of the principal symptoms and the recovery of twenty-one cases out of the twenty-three. Milk and broths were freely given, also lemonade. The average duration of treatment was fifteen days.

WESTBOROUGH INSANE HOSPITAL.
The report of this institution for the year ending September 30, 1887, shows a very excellent amount of success in the work accomplished during the year, and promises of still greater usefulness in the future as the machinery of a new institution gets in good working order. The number of recoveries to the whole number treated during the year was 12.73. The number of recoveries to the total number discharged was 44.71. The number of deaths to the whole number treated was 4.39. Dr. N. Emmons Paine, the superintendent, says: "No sedatives or hypnotics have been used, such as morphine, opium, the bromides, or chloral, and yet the wards are no more noisy at night than in other institutions, and quite as many hours of sleep are obtained without the unhealthy reaction produced by powerful drugs. The medicines most frequently given for mania and for restlessness and sleepiness are aconite, belladonna, hyosciamns,

stramonium and veratrum-vir, and for similar conditions with melancholia, ignatia, digitalis and pulsatilla.

ERYTHROPHLEINE. Dr. L. Lewein in a paper read before the Medical Society of Boston, January 11, says of the new alkaloid that a two per cent. solution in a dog's eye renders it insensible for from ten to twenty-four hours, and that a solution of one-twentieth of one per cent. produces anæsthesia of the cornea and conjunctiva continuing from several hours up to two days, gradually decreasing in intensity. The action is altogether local and if a solution be injected into the eyelid of an animal it becomes so insensible that touch does not induce motion while the eye itself retains its sensibility. Taken internally its effect upon the heart is somewhat like digitalis. Until more is known of the drug of course it should be used with great caution.

THE Sanitary News, speaking of the progress of sanitary legislation in 1887, refers to the establishment of a State Board of Health in Vermont; increasing the power of the State Board in Wisconsin; the appropriation of a special fund for quarantine in Alabama, and the establishment of a laboratory of hygiene in the University of Michigan. In New Jersey a law has been passed creating a per capita tax for health purposes. In West Virginia quarantine is extended to cattle, and a system of vital statistics inaugurated. In California a special quarantine fund of \$25,000 has been created. In New Hampshire powers have been conferred upon the health authorities making them, in sanitary matters, as absolute as the Board of Health in this city. These movements are all in the line of enlightened legislation, and calculated to do an immense amount of good. The good effects of wise sanitary regulations and a strict enforcement of the law, have been very manifest within the past few years in this city, markedly diminishing the death rate and almost rendering a thing of the past the fearful epidemic which heretofore at times raged with fearful violence.

THE CRIMINAL Insane will in about a year be removed from Auburn to the new institution now being erected about a mile northeast of Fishkill on the

Hudson. A large farm has been purchased, and upon the most commanding part will be erected the hospital buildings, ten in number, including six pavilions, two infirmaries and two buildings for the violent insane. The State has appropriated \$185,000 towards the purchase of the land and the construction of the buildings. Dr. McDonald, the present Medical Superintendent at Auburn, will have charge of the new institution to which all criminals declared insane will be sent.

BIBLIOGRAPHICAL.

THE RULES OF ASEPTIC AND ANTISEPTIC SURGERY. A Practical Treatise for the Use of Students and the General Practitioner. By Arpad G. Gerster, M. D., Professor of Surgery at the New York Polyclinic, Visiting Surgeon to Mount Sinai Hospital and the German Hospital, New York. Illustrated with Two Hundred and Forty-Eight Engravings and Three Chromo-Lithographic Plates. New York: D. Appleton & Company, 1888; pp. 332; 8vo.

The author says the object of his attempt in this volume has been a systematic, yet practical, presentation of the Listerian principle, which he claims has revolutionized surgery of late, in which statement, of course, there will be differences of opinion, notwithstanding the fact, as he claims, that the percentage of mortality in amputation of the extremities has been reduced from thirty-five to fifteen per cent. The author shows himself to be not only thoroughly conversant with the principles of his subject, but also an expert in the application of its technique.

No surgeon, whether a believer or not in Listerism, can afford to be unfamiliar with the work, for the subject is presented in a masterly manner, and is too important to be ignored, no matter what one's preconceived notions of it may be. The text is well written, rather given to verbosity, but easily read, and the plates are excellently illustrative. The physical part of the work is unexceptional, as might be expected.

ATLAS OF VENEREAL AND SKIN DISEASES. By Prince A. Morrow, A. M., M. D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology in the University of the City of New York; Surgeon to Charity Hospital, etc. New York: Wm. Wood & Co. By subscription only. In fifteen imperial folio parts, at \$2 each. Containing seventy-five superb colored plates, executed in true chromo-lithographic style, exquisitely printed in flesh tints and colors, containing several hundred figures, many life size, together with descriptive text for each plate, and from sixteen to twenty folio pages of a practical treatise upon venereal and skin diseases.

This work is truly one of those that must be seen to be fully appreciated. The numbers thus far issued bear out the announcement of the publishers that "Altogether, considering the reputation of the authors of the plates, the ability of the editor, the artistic execution of the plates, the excellence of the presswork, the high quality of the paper of both text and plates, the large size of the page, &c., &c., this "Atlas of Venereal and Skin Diseases" will be the most superb work in medical literature ever published in the English language; and considering the number and completeness of the plates, the unusually wide

field they cover, considerably exceeding any other similar work, it is much the cheapest ever offered to the profession." The publishers also say we have the exclusive right, by purchase, to reproduce the recent accurate plates of Professors Kaposi and Neumann, of Vienna, and the illustrations of other foreign contributors are "by consent."

The usefulness of pictorial representations of the diseases which are included here, is thoroughly understood and appreciated by the profession, and we have no doubt this fact will be substantially shown to the enterprising publishers by the demand for the publication.

In this work the accomplished author has sought to combine the pictorial representations of the diseases which commonly occur with a practical exposition of their distinctive clinical features.

Particular attention is given to the common forms of skin diseases, and included in it not only as a valuable independent feature, but also as a practical means of differential diagnosis, are the eruptive fevers, as rubeola, scarlatina, erysipelas, variola, varicella, vaccinia, &c., not found in any other work of the kind.

In writing the text the essential facts relating to symptoms, diagnosis and treatment have been kept prominently in view. Especial care has been taken to bring the therapeutical part of the work fully up to the latest advances made in this department.

In regard to the character of the plates, it may be said, they are believed to be superior to anything of the kind heretofore produced—as accurate in drawing as photographs, and far more distinct, while the coloring faithfully represents nature.

The following list of plates are contained in the three parts already published:

FASCICULUS I.—(Plate 1) Chancroids, Phimosis and Paraphimosis; (2) Varieties of Chancroids; (3) Chancroids, Phimosis and Paraphimosis; (4) Chancroids of the Female Genitals Mixed Chancre; (5) Chancroidal Bubo—Suppurating and Gangrenous.

FASCICULUS II.—(6) Chancroids and Chancres, Lymphitis; (7) Chancroids, Balanitis, Chancres, Digital Chancres; (8) Erratic Chancres of the Eyelids, Lip, Tongue, Cheek, &c.; (9) Vaccination Chancres; (10) Initial Lesion, with Maculo-Papular Syphilide.

FASCICULUS III.—(11) Digital Chancre, with Palmar Syphilide. Chancre of Nipple, with Erythematous Syphilide; (12) Macular Syphilide. Roseola Syphilitica; (13) Small Papular Syphilide (Lichen Syphiliticus); (14) Papular Syphilide with Precocious Ulcerative Lesions; (15) Papulo-pustular Syphilide.

THE PROPHYLACTIC. A practical health magazine.

This magazine is now entering upon its tenth volume, it having been previously known as the *Canada Health Journal*, and under the management of its accomplished editor, Dr. Playter, has become at least one of the best of its class.

The editorship and management will remain unchanged while the publication office will be changed to this city.

In accordance with its motto, *salus populi suprema lex* (the welfare of the people the supreme law), the *Prophylactic*, knowing that health literature alone is not always sufficient as a guide in the prevention of sickness, and that the personal oversight of the physician is often a most essential prophylactic, and knowing that physicians are ever ready to prevent as well as to cure disease, being always foremost in every great preventive movement, it will endeavor to assist in bringing about improved relations between the public and the medical profession, whereby the counsel of physicians shall be more generally sought, and

more liberally paid for, as well in the family as in the town and country; for certainly the people would be largely the gainers were they to pay for prevention even double what they now pay for cure.

Of quackery in medicine in every form the *Prophylactic* will be an uncompromising opponent; and especially of unqualified and unlicensed interference, and of the sale and use of "patent" nostrums and "cure alls" of every sort, which yearly tone and stimulate and purge and narcotise thousands of human beings into untimely graves.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By John V. Shoemaker, A. M., M. D. With colored plates and other illustrations. New York: D. Appleton & Co., 1888.

The work is in its best sense a text-book on diseases of the skin, opening with a carefully prepared chapter on the anatomy of the skin, followed by a discussion of the symptomatology, diagnosis, pathology, etiology, and general treatment of skin troubles, in which is given, in the form of a condensed materia medica, the specification of prominent drugs. In Part II diseases are classified and discussed under the following heads: Class I.—Disorders of Secretion and Excretion. Class II.—Hyperæmias. Class III.—Hemorrhages. Class IV.—Exudations. Class V.—Hypertrophies. Class VI.—Atrophies. Class VII.—Tumors. Class VIII.—Neuroses. Class IX.—Animal and Vegetable Parasites. The work concludes with a formula in which is given under appropriate heads all the preparations recommended in the book both for external and internal use. The author's large clinical experience, and his marked ability as a teacher, has given him large facilities for testing in his own practice the best remedies recommended by the profession, and the line of treatment most likely to be successful.

THE CENTURY FOR MARCH.

The editorial department includes articles on "English as She is Taught," "The Growing Independence of American Journalism," "American Architecture in English Eyes," and "Land-cape Gardening and Forestry." In "Open Letters" are several dealing especially with educational questions: "The Public School Problem," "Mind Training," a reply to the articles on "The Education of the Blind;" a paper "To the Deaf," and other suggestive letters, including an extract in autograph from an unpublished letter from Henry W. Longfellow, which reads as follows: "Whatever is just is for the benefit of all; and I wish we could have a law providing, between England and America, that 'a copyright taken out in either country shall be equally valid in both.'"

SPECIFIC MEDICATION AND SPECIFIC MEDICINES. By John M. Scudder, M. D. Cincinnati: 1888. Twelfth edition.

Dr. Scudder gives briefly but very clearly the leading characteristics of drugs most in use in the Eclectic School and largely used also by all practitioners of medicine, and closes with an appendix in which he illustrates with numerous cases in a variety of diseases his idea of specific medication. The book is thoughtful and suggestive, and will repay careful study.

THE RECTUM AND THE ANUS: THEIR DISEASES AND TREATMENT. By Charles B. Ball, is one of the little blue-covered manuals published by Lea Brothers & Co.,

which have become so popular with the profession. The various diseases of the rectum and anus are clearly described, and the most approved operations and remedies given. These manuals are very handy for daily reference.

THE DRAINAGE OF A HOUSE. By William Paul Gerhard, C. E., Consulting Engineer for Sanitary Works, New York City.

A little brochure which will be of great service to any one interested in the subject of which it treats.

INDEX MEDICUS.

We call the special attention of our readers to the *Index Medicus*, published by George S. Davis, Detroit, Mich. It is the most complete and satisfactory key to the current medical literature of the world which could possibly be arranged, and is of so much a necessity to the student who wishes to keep up with the advance of thought in his profession, we should suppose it would receive a very large support. We heartily commend it to our professional brethren.

The third and fourth parts of the second series of "Photographic Illustrations of Skin Diseases," by George Henry Fox, A. M., M. D., published by E. B. Treat, 701 Broadway, New York, are fully equal in artistic beauty and the fullness and excellence of the scientific and literary work to those which have preceded them.

"The Year Book of Medical Practice," published by Lea Brothers, Philadelphia, gives a resume of the progress of our profession in all its departments during the past year. At a period in which such rapid advances are being made, a yearly record will be a very decided addition to the library.

The *Climatologist* is the name of a new journal which comes to us from Washington, D. C., conducted by William C. Chase and an able corps of collaborators. It is intended for the "public, not technical," and the initial number bids fair to bear out its promises.

CORRESPONDENCE.

THE FŒTUS IN UTERO.

To the Editors of THE NEW YORK MEDICAL TIMES:

In the March number of the *TIMES* you mention an article published in the *Medical Register*, giving the views of Dr. Fordyce Barker in support of the theory of maternal influence upon the "fœtus in utero." This is a subject upon which we have read and thought much, and have had the usual experience of a physician practicing obstetrics many years. The latest case that came under my observation was where one of my patients when about three months pregnant, while holding her husband's horses they became frightened, and in her efforts to control and quiet them she strained her back, and she remarked to me soon after that it felt as if her spine was split. This sensation soon passed away, and she was very well up to the very hour of her confinement. She was speedily delivered of a male child, who had spina bifida of the upper dorsal region. The tumor was of the size of a large egg. By strapping and compress the tumor was supported and the child grew rapidly, and was unusually bright. He lived longer than such cases usu-

ally do and finally died in convulsions. Not having the records at hand we cannot state the exact age.

In all similar cases where the facts are indisputable, and as science has not been able to tell as to the cause of these impressions, and in view of the fact that there is no known nervous connection between the fœtus in utero and the mother, is it not probable that the fœtus receives the nervous impression or shock directly through the amniotic fluid to the body?

It seems more rational than the theory that the impression is produced through the medium of the blood.

Taking the cerebro spinal system of nerves as one pole of the human battery, and the vegetable system as the other pole, and the uterus with its highly sensitive condition as another factor, why would not the product of all this complicated creative mechanism be profoundly affected?

We never have known of this view of the cause having been discussed. If it is worthy of thought please to tell us through *THE TIMES* what you think of it, and we may be able to elucidate some truth.

C. G. HIGBEE.

ST. PAUL, March 17, 1888.

THAT SHOULDER PRESENTATION.

To the Editors of THE NEW YORK MEDICAL TIMES:

I noticed an article in your February number, page 334, by Dr. G. H. Simmons, entitled "A Shoulder Presentation," to which I respectfully ask a perusal in connection with my reply. Now, Messrs. Editors, I am the one of whom he speaks, but truly did not think he would falsify in this way, therefore I beg the privilege to defend myself. I was called to the case, above mentioned, March, 1885, at 12 o'clock P. M. The woman I learned had been in labor for some time. On examination I found I had a shoulder presentation with the membranes ruptured and an hour-glass contraction of the uterus. I immediately telephoned No. 2 of whom he speaks, who arrived at 1:15 A. M. We both agreed on the presentation and also hour-glass contraction of the uterus. With the head and feet grasped firmly above all efforts of turning failed. Realizing the gravity of the case we immediately telephoned Dr. Simmons, he being the County Physician, and this a charity case. He arrived at 2:15 A. M. He also agreed with us as to the conditions, and brought into prompt action his external manipulations and bi-polar method, which availed him nothing. He at once spoke of Dr. No. 3, who had had a great deal of experience, having no telephone here his prompt action came into play. Dr. S. drove one and a half miles and returned with No. 3 at 4 A. M., making the trip in less than an hour. No. 3 did not agree with us at first, but said the head was only engaged on the pelvic brim and he could disengage it and deliver her in fifteen minutes. This time passed and four hours more had elapsed and still no progress. At 8 A. M. No. 3 gave a hypodermic injection of morphine. After some time the uterus relaxed. No. 3 still trying to turn said to No. 2, your hand is smaller, you try again. No. 2 began work and soon said I can push the shoulder up and soon succeeded in getting the feet. The hand giving out under the contractions of the uterus No. 3 took hold and delivered the child dead. The mother never rallied. These are facts which Dr. S. dare not deny. The brave Dr. — stood by watching progress "and urging on his fellow practitioners the value of action." Why should not the neighbors think it all right for had they not four physicians? Now, Dr. S. possesses a car-

tificate of graduation in the shape of a diploma from a regularly chartered college. Further comment is unnecessary. I will leave it for the profession to decide who "murdered" the woman.

C. A. SHOEMAKER, M. D.
County Coroner.

LINCOLN, Neb., Feb. 17, 1888.

SOCIETIES.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

At the opening of the thirty-seventh annual session of the Homœopathic Medical Society of this State, the president, Dr. H. M. Paine, of Albany, delivered the introductory address.

He said that the society was subject to fits. These fits are chronic, they are epileptic, and have recurred with regularity each year for five or six years past. A recent fit was the adoption of a by-law requiring as a prerequisite to membership an acknowledgment of a belief in the law of similars. Was there anything so incongruous as this? A society claiming to be liberal in sentiment, yet most intolerant in practice. A society purporting to be in advance of all others, yet stranded in an instant, as unexpectedly as a thunderbolt from a clear sky, on the barren shores of bigotry and exclusiveness. He admitted that other medical societies did substantially the same thing, and that they were just as exclusive and intolerant as this society. But this society is aiming at higher and better standards. What right have we, pretending liberality and boasting our confidence in the inherent power of homœopathic medical truth, to debar any educated man the privileges of membership because he has not yet learned the rhythm of medical vernacular? It is to be hoped that the society will promptly rescind a by-law so inconsistent with professed liberality, so antagonistic to the progress, and so absolutely puerile in its purposes.

The address was followed by the usual routine of business, including the reports of committees and the reading of papers. Among the latter was one by Dr. Selden H. Talcott, which will be found entire in this issue of THE TIMES. In the evening Dr. Paine delivered the annual address, taking for his text "Homœopathy: Its Friends and Foes." It was a voluminous discussion of homœopathic theories, their origin and development. He divided homœopathy into two kinds—the true and the false, or the low and high potency theories. He said "high potency" was based on the imperfect theories of Hahnemann, some of the absurdities of which he narrated. It was what drew all the calumny, ridicule and opposition on the true doctrine, and the sooner it was shown up the better it would be for true homœopathy and mankind. The small dose theory, imperfectly understood, was another obstacle to its general acceptance. He held that doctors could use large or small doses at discretion, according to the dictates of the emergency. A general dissemination of the true theory, the most reliable and best system of medicine extant, would be followed by its approval and adoption. A mistake of homœopathic doctors had been in not prosecuting the investigations of Hahnemann which stood as he left them fifty years ago.

The officers elected for the ensuing year are: Dr. Wm. Tod Helmuth, of New York, president; Dr. C. D. Spencer, of Rochester, first vice-president; Dr. L. E. Bull, of

Buffalo, second vice-president; Dr. John L. Moffat, of Brooklyn, third vice-president; Dr. Herbert M. Dayfoot, of Rochester, secretary, and Dr. A. B. Norton, of New York, treasurer.

OBITUARY.

Dr. F. R. S. Drake, Professor of Clinical Medicine in the New York University Medical School, died suddenly of heart disease March 9th, in the forty-third year of his age. Dr. Drake was one of the most popular and instructive lecturers in the University. He was for many years president of the Alumni Association of the University Medical School.

RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

Hypertrophic Cirrhosis of the Liver Cured by Calomel.—Dr. Schnepf, of Vienna, states in the *Wien. Med. Blätt.*, No. 14, 1887, that he had as a patient a woman, twenty-eight years old, who presented marked symptoms of cirrhosis of the liver. The liver, as demonstrated by percussion, was considerably enlarged. After a sojourn of five weeks at Carlsbad had resulted in no benefit, and brisk purgatives followed by opiates had effected only a slight improvement, at the suggestion of Professor Nothnagel the patient was put upon an absolute milk diet, and given calomel three times daily, in doses of three-fourths of a grain. On the second day the feces became yellowish and the urine clear. After some weeks jaundice and ascites disappeared, the liver became smaller and the menses reappeared. At the end of three months the patient had taken one hundred doses of calomel and was completely cured. Pain, enlargement of the liver, ascites, *caput medusæ*, were no longer present.

Cod Liver Oil in Infantile Nervous Affections.—Andrews (*Practitioner*) discusses the following propositions: 1. Much nerve power is expended in the process of growth, and heat disappears, assuming the form of vital energy. 2. The exhaustion which such expenditure occasions shows itself during the first few months of life by cerebral symptoms, which may easily be mistaken for meningitis in its early stages; during dentition, laryngismus stridulus develops from the same cause, and in still older children a form of nervous asthma from exhaustion of the pneumogastric and respiratory tract, which is sometimes called "rickets of the chest." 3. The symptoms of nervous exhaustion arise especially during developmental periods. 4. Cod liver oil best meets the indications both as a prophylactic

and as a curative agent, by raising the tone of the whole nervous system.

Hydrate of Amylene.—Professor Mirny has employed the hydrate of amylene ($C_5 H_{12} O$) for two years. The experiments on animals show that the medicine has no disadvantageous action on respiration or circulation, but produces a profound sleep. In average doses it agitates the encephalon, in stronger doses the cord and medulla, the reflexes disappear, the respiration is arrested, afterwards the heart. It is a better hypnotic than paraldehyde, and more agreeable to take. It does not exercise such influence on the cardiac activity as chloral, which lowers arterial tension.

Hydrate of amylene administered by mouth or lavement, in doses of three to five grammes, produces in about half an hour a calm sleep of from six to twelve hours duration. There is no period of excitement, no nausea or cephalalgia, and no congestive phenomena. But it is necessary to have a preparation absolutely pure. In cases of insomnia during pain, such as sciatica, &c., it is better to associate the amylene with morphine. One gramme of chloral, two grammes of hydrate of amylene, or three grammes of paraldehyde have the same action as an hypnotic. It is employed with success at the Clinique of Mental Maladies of Professor Joly, of Strasburg.

Salol in Sciatica.—Dr. V. Aschenbach, of Corfu, reports in the *Fortschritte der Medizin* that, suffering from sciatica, for which all known remedies had been tried in vain, he at last resolved to try an unknown one—to himself at least unknown as a remedy for sciatica. In the evening he took a dose of seven grains of salol, and at midnight fifteen grains, after which he fell asleep and remained perfectly free from his pain.

Paralysis Cured by an Earthquake.—A case of sudden restoration to health, which puts the operations of faith-healing in the shade, is reported from Cannes. In that town Mrs. Jerome, better known to fame as Lady Randolph Churchill's mother, was staying, suffering from paralysis of some years standing, and being quite bedridden, the poor old lady was so terrified by the first shock of the earthquake that she sprang out of bed, fled down stairs, and has been able, it is stated, to walk ever since.

Hot Water in Bowel Pains.—The *St. Louis Medical and Surgical Journal* says: No one who has witnessed the magical effect of a warm or hot water clyster in colics and griping pains of the bowels will ever hesitate to resort to the remedy before trying anything else when

called to see a case of the sort. The water should be from 115° to 120° F. at the lowest, and is all the more efficient if ten degrees warmer, and for an adult at least a pint may be pumped into the rectum.

A New Acid in the Treatment of Acute and Chronic Diseases of the Kidney.—Dawson (*Brit. Med. Journal*), finding that when the renal function was abolished vicarious action took place to a certain extent by the skin, thought that by the application of a renal substance to the skin this function could be stimulated. Accordingly, in six cases of very acute nephritis, with suppression of urine, he had applied the raw surface of kidneys taken from recently-killed animals to the soles of the patients' feet (the details of one case are given). In each case it appeared to him that great benefit had accrued. A strong urinous odor was observed from the part, and the skin became soft and of a raw appearance.

Apomorphia.—This alkaloid, prepared from morphine, is a snow-white powder, is permanent when dry, but becomes green when moist. A solution turns green in a few hours, and finally black. This change of color is not attended by loss of its specific drug action. It can be prepared in triturations or in alcohol. The hydrochlorate is generally preferred. This drug seems to contain all the emetic powers of opium and its alkaloids. As small a quantity as 1-20 grain injected under the skin, or taken into the stomach of an adult, will cause *sudden, painless vomiting* in five or ten minutes. Its method of action (if Dr. E. M. Hale is correct) would narrow its therapeutic sphere to those cases of vomiting due to general irritation, or from purely nervous (central) causes—possibly from the remote reflex irritation. It does not seem to derange the functions of the stomach for any length of time, as do other emetics. It does not destroy the stomach or injure digestion. It is used successfully in those cases where the nausea and vomiting constitute the disease. The tongue is clean, the bowels regular, no headache, some appetite, no pain after eating, but a *sudden nausea after eating or drinking* may appear. It is also of service in sympathetic vomiting, from gall stones, uterine disease or neuralgic headache. Dr. Cooper states that it caused immediate cessation of vomiting in a case when "tumors pressed on the brain." It has been found useful in sea-sickness, or nausea and vomiting from riding on a railroad or in a carriage.

One of the most useful properties of this drug is its power to cause sudden and complete emesis in case of poisoning, or to expel fermenting or noxious substances from the stomach. For this pur-

pose inject hypodermatically, or give internally one-fifth or one-fourth of a grain. If it causes too great depression, give 1-100 grain of glonoin, which will quickly restore the patient.

In capillary bronchitis, according to Dr. Fliesburg (*Ther. Gaz.*, 1886, p. 657), it is invaluable. He does not use it as an emetic, but as an expectorant. He gives a child one milligram (1-60 grain; one or two grains of the third decimal trituration) every one, two or three hours. He says: "I have always found it to act very promptly, producing an easy expectoration of the thick tenacious phlegm, which otherwise so often strangles or chokes the unfortunate little sufferer in his futile endeavors to rid himself of the sticky stuff." In several cases of acute capillary bronchitis, in which Dr. Hale gave the third dec. trituration in two gr. doses, it seemed to act much better than tartar emetic or ipecac. In very bad cases, where suffocation was imminent, he would not hesitate to give an emetic dose (1-20 gr.) giving glonoin (1-200 gr.) at the same time.

Dr. Stocquart, of Brussels, has used apomorphia hydrochlorate extensively in certain kinds of dry cough. The kind of cough in which it has proved most successful, he says, is a distressing and frequent hacking, with no expectoration. The improvement usually comes in a few days. He gives to an adult 1-20 grain during the day in small, frequent doses. This statement has been verified by Dr. Hale in his own experience. He prefers to use the second decimal dilution in alcohol, saturating sugar disks or tablets, and giving one every hour or two. For children under three years, the third decimal trituration acts efficiently.

Red Hawthorn in Uterine Hemorrhage.

—The root of the *Crataegus Officinalis* or red hawthorn (Russian, krasny boiaryshnik), has been from time immemorial used by the Russian peasantry as an excellent remedy for uterine hemorrhage of all kinds. With the view of testing its value, Dr. E. M. Jdanko, of Piatsgorsk, recently gave (Proceedings of the Russian Balneological Society of Piatsgorsk, August 29th, 1887, p. 35) a very strong decoction of the root to a lady, aged fifty-two, who was suffering from profuse floodings, caused by uterine fibromyoma, for which most of the usual hemostatics had been tried in vain. The use of the hawthorn completely arrested the hemorrhage. Dr. Jdanko therefore suggests that a fair trial should be given to this popular remedy.

Hygrophila Spinosa as a Diuretic.—According to the *Brit. Med. Journal*, July 16, 1887, the *hygrophila spinosa* or *asteracantha longifolia*, is a prickly herbaceous plant, com-

mon in the marshy places in the hotter parts of Ceylon, and belongs to the natural order *acanthaceæ*. Mr. W. A. Jayasingha has recorded the results of his experience with it in the treatment of dropsy in the Government Civil Hospital at Kurunayala, in that island. The entire plant is used. The mode of administration is to infuse two ounces of the dried plant in half a pint of boiling water for half an hour, and strain; the infusion to be administered in divided doses in the course of twenty-four hours. He reports six cases of anemia in natives associated with general dropsy, in whom this drug was tried; in four with complete cure of the dropsy. Of the remaining patients one left the hospital before the treatment was completed, and the other was deemed to ill to be long submitted to it. Whilst taking the *asteracantha*, the patients showed a considerable increase in the quantity of urine passed, in one case as much as 192 ounces being passed in a day. In this case tincture of digitalis had failed to produce any decided diuresis. The drug was discontinued after a week or ten days, and subsequently its administration was resumed if necessary. The patients were all adult males, and no ill effects are recorded in any of the cases.

The Value of Turkish Baths in Diseases of the Circulation.

—In a recent paper Frey records his experience as to the value of Turkish baths in patients suffering from diseases of the circulation. He first of all determined the normal effects of such baths by observations on himself with special reference to their influence on the pulse, arterial tension, respiratory capacity, renal excretion, and body weight generally. According to these observations, the quantity of blood in the body is lessened by the free excretion which takes place through the skin and lungs; the body weight is reduced, and the work of the heart is in this way lightened, at the same time that its substance is better nourished by the improved quality of the blood supplied to it. The peripheral arterioles of the body, too, become dilated and filled, thus effecting a corresponding emptying of the vessels of the internal organs. At the same time, albuminous bodies, and still more fat, become more rapidly broken up, the loss in weight being thus explained. Lastly, as the result of the alternate cold and warm douching, the vaso-motor energy of the vessels is increased, thus rendering them more capable of resisting any strain thrown upon them.

Pine Needles in Diphtheria.—Dr. E. R. Waterhouse (*Eclectic Med. Journal*, September, 1887,) claims to have met with uniform success in

the treatment of the graver forms of diphtheria, by using the following formulæ, obtained from Germany :

B Merck's Volatile Extract of Pine Needles,
 Merk's Resorcin.....AA. ʒ ij.
 Fluid Ext. Pinus Canadensis..... ʒ j.
 Glycerine..... ʒ ss.
 Aqua (hot) q. s. or..... ʒ iiij. M.

S. Use in the nose and throat with an inhaler or atomizer several times a day.

B Merck's Resorcin..... ʒ j. seu. ss.
 Fluid Ext. Pinus Canadensis..... ʒ ij.
 Glycerine..... ʒ ij.
 Aqua (hot).....f. ʒ iv. M.

S. Dose, half to a drachm every two or three hours.

Should the throat be very bad, a preparation twice as strong as that advised for the atomizer is to be used with a probang, and repeated three times a day.

As the pine needles have been adulterated in this country, the writer can warrant only the German.

Sulphuric Acid Poisoning.—In the *Charité Annalen*, XII, p. 183, 1887, Dr. Mendelssohn reports the cases of poisoning observed in Leyden's clinic during the past year, and, as usual, there were a number of cases of sulphuric acid poisoning. Two of Mendelssohn's cases deserve special mention. The first was that of a servant girl, aged twenty-three, who took a moderate quantity of oil of vitriol (used in Berlin for cleaning windows). After the first severe symptoms had passed by, a condition similar to that in simple ulcers of the stomach came on, and at the same time, the patient became affected with typhoid fever, to all appearances acquired in hospital. In the fifth week, marked improvement of all the symptoms was noted. Vomiting ceased, strength increased; but in the sixth week vomiting began again, and positive symptoms showed that the pyloric orifice must be narrowed to the utmost. Resection was performed, but was followed by death in twelve hours in collapse. The pyloric stricture was so severe that only the finest sound could be passed through it. Almost the whole mucous membrane was destroyed.

The second patient had similar symptoms in the beginning, but recovered, and was alive one year afterwards. During the first months no traces of hydrochloric acid could be demonstrated in the gastric juice, though this was gradually found present in its normal amount.

Gravity as an Expectorant.—In cases of pneumonia (says the *Polyclinic*), where there is great embarrassment of breathing from accumu-

lation of secretion in the bronchial tubes, great benefit may often be derived by inverting the patient and having him cough violently while in this position. It is easily accomplished by a strong assistant standing on the patient's bed, seizing the sick man's ankles, turning him with his face downward, and then lifting his feet four or five feet above the level of the mattress. If the patient, with his face over the edge of the bed and his legs thus held aloft, will cough vigorously two or three times, he will get rid of much expectoration that exhaustive efforts at coughing failed to dislodge when not thus aided by gravity. Life has been saved by repeated performances of this maneuver in pneumonia, accompanied with great cyanosis due to inundation of the bronchial tubes with mucous secretion. It, of course, will have no effect on the exudate in the vesicles. Gravity is of value in a similar way in emptying the lungs of mucus during etherization.

How to Give Iron. (*Kansas City Med. Index.*)—Most people eat food containing tannic acid; tannic acid unites with iron to form an insoluble tannate of iron. One hour after eating, the tannic acid will have passed from the stomach. Then the iron should be given, and those who have heretofore been disappointed in the use of iron will be surprised at the beneficial results obtainable from the agent.

TRANSLATIONS, GLEANINGS, ETC.

Urethral Stricture, Treated by Electrolysis* (By Robert Newman, M. D., of New York).—In presenting this report of cases of urethral strictures, treated by electrolysis and a tabular statement of a second series of 100 cases, my object is to record facts from clinical experience in private practice, and by presenting a respectable number of cases, to establish reliable statistics which as a record will assist the study of the subject and fortify the successful results obtained previously. I have practised electrolysis in the treatment of urethral stricture over 18 years, and have from time to time reported cases. Many other surgeons from different parts of the world, including countries in Asia, have substantiated the good result of such treatment, so that at present we could collect easily 1,000 cases; which record should establish the value of my method. But I am not aware that any other person besides myself has contributed to the statistics 200 cases from private practice. The difficulty consists in this, that in order to use a case for reliable statistics, the patient must (1) have given a true history and address of himself, (2) remained under treatment a certain time, (3) followed advice and attended regularly to appointments, (4) remained under observation after being dismissed, and been accessible for further information. Cases of dispensary patients, as a rule, are worthless for statistics, and even in private practice only a small percentage can be utilized for an honest record. Therefore it

* Excerpted from *The Journal of the American Medical Association*.

will be seen, that it is very difficult for one practitioner to collect 100 cases for reliable statistics.

No Relapse.—My paper of the first 100 cases was presented to this section at the meeting in 1883, and differs somewhat from this second series. One principle feature was, to show that no relapse of the malady occurred after the stricture has been cured by means of the electrolysis. As the meaning of the word "cure" may be interpreted differently by some than by others, I will be more explicit by defining my meaning, viz: no contraction of the calibre of the urethra takes place, and after the patient has been dismissed as well, to his own satisfaction, the same number of sounds or catheter which was used the last time in treatment, would easily pass, after a year or even many years. When the value of electrolysis had been proven by reported cases, and even by my article of "10 years' experience, etc," some sceptics still objected, claiming that not enough time had elapsed between the treatment and the after-observation. To meet that objection I prepared the paper of "Tabular Statistics of 100 Cases of Urethral Stricture, Treated by Electrolysis without Relapse." These 100 cases were naturally not consecutive cases, but collected from consecutive cases for the purpose, and had to meet the following conditions:

(1) The patients being under treatment regularly, and for a reasonable time; (2) that they were to be discharged as cured, or at least so improved, that the patients were content with the result, and did not wish any further treatment or improvement; (3) they were to be cases that were heard of afterwards by reliable information; mostly by re-examination of the family physician or by myself. Some of these patients came repeatedly for such a re-examination. (4) That a reasonable time had been allowed between the discharge when cured and the re-examination, which in these cases was resp. from 3 to 11 years. The proof of no relapse was, that the same number of sound was used in the re-examination, which passed the last time at the close of the treatment, i. e., if the calibre of the urethra was enlarged to a number 26 French, the same number 26 passed again after resp. 3 to 11 years. Some unfriendly critics jeeringly said, "it was a remarkable point in Dr. Newman's cases, that they were, every one of them, successful." But these critics overlook the fact, that in the selection of these 100 cases, the first essential point was, that they were discharged as cured; in order to see whether or not a relapse would take place. I have stated all these facts distinctly in my former paper, and those sceptical critics have overlooked the facts, and therefore have been unjust.

Selection of Cases.—The present record of the second series of one hundred cases, which I have the honor to report to day is collected in a different way. It consists of the experience of the latter few years, the narrative of almost consecutive cases taken from my note book; relating all such cases, which have remained long enough under treatment to warrant a result, and in which the necessary information has been furnished and recorded; on the other side omitting cases, which have not been long enough under treatment, or only seen without treatment, and in which the record is insufficient. In this report I have on purpose omitted the word "cured," because there is a diversity of the meaning cure. The patients were dismissed or stopped treatment themselves, when they felt comfortable and well, had a calibre of the urethra which enabled them to void freely a good large stream, and if wanted could exercise sexual intercourse.

The result of the enlargement of the calibre of the urethra

varied according to circumstances, as necessities, wishes of the patients, time allowed for treatment, nature of the stricture, complications, general condition as occupations, vices or virtues of the patients. But results must be considered very good, even by chronic grumblers, if a calibre of a urethra can be enlarged to a No. 28 French, when at the first visit no instrument would pass, and experts have tried in vain before. In some cases the family physician has tried for weeks, in others, celebrated professors were given chances, without being able to pass any instrument, and the disposition of the cases were, the advice of perineal section. In some cases this advice by the family physician was accompanied by a written introduction to a first class operator, etc. In all such cases, when no medical hand could pass the stricture with an instrument, it was passed successfully by the power of the "electrolysis," which acted as a chemical absorbent, and not as a dilator, as some kind friends have suggested. If in these cases dilatation could have been used, why did the experts and surgeons not do it?

In one case mentioned in a former paper, a surgeon whose skill in using instruments is undoubted, was unable at nine trials to pass any instrument through the stricture, which a doctor in a New Jersey village, probably not as skilled in the manipulation of instruments, succeeded with electrolysis on the very next day. All these are facts which can be verified by reliable witnesses, and there can be no doubt that the electrolysis did the work, which could not be done by pressure or dilatation.

The duration of the strictures at the time the patients presented themselves for treatment varied from 1 month to 30 years.

This combined statistic of 200 cases confirms the observations made at the report of the first series, that strictures appear in every portion of the urethra, about 10 per cent. in the membranous, and about 5 per cent. in the prostatic portion; some of the latter were of traumatic origin. It seems to be a mistake, to believe that there are no strictures in the prostatic portion of the urethra, and that the largest number are situated within three inches from the meatus.

Séances, intervals and time of treatment average exactly alike in both series reported. From 1 to 10 operations, in some cases even more were necessary, from which fact one may draw the conclusion, that the average number of séances was 5 to 6 for each case. The treatment in each case averaged 2 to 3 months. Long intervals between the séances, and week currents are rules to which I still adhere, and which I cannot impress too strongly on operators, as most important points in these operations. The intervals ought to be once a week or more, but in case of necessity may be shortened, each séance lasted from 2 to 10 minutes; I do not like to prolongate it more, except for good reasons. The electric current is from 3 to 5 milliampères of a good galvanic battery, having a steady current; which is equal to from 6 to 10 cells. Precision and measurement of the electric current are desirable, if a good galvanometer can be procured.

Observations.—The length of time patients were under observation after treatment differs widely in the two series, for good and natural reasons. The patients recorded in the first series were under observation from $3\frac{1}{2}$ to 11 years, which is an average time to from 6 to 7 years in each case. I have shown above the object and result of such observations; and certainly it has been proven that during years after the treatment the calibre of the urethra, when once sufficiently enlarged, or cured if you please, did not suffer any contraction. This principle or effect of the electrolysis

is also proven in the second series of 100 cases, but not in such a striking degree. This is most natural for several reasons. These cases were all treated lately, within a few years, some remaining still under treatment or observation, therefore the record of observation could not have been longer than a few years. Next the cases were not selected, but reported almost as consecutive cases, as found in the note book. There is no claim, that these cases were all cured, the record speaks for itself and shows how far they were improved, or a good reason why they were not more improved. Even in this series in most cases a reasonable time had elapsed for observation, and many re-examinations have shown that no contraction of the urethra had taken place. These observations comprise a time between 3 months to 5 years, the largest percentage of observations were made from 1 to 3 years. A small percentage of these cases were not heard from again, but as they all left off treatment, when the calibre of their urethras was resp. of a No. 25, 28 and 32 size French, it is presumable that they remained well, and that such was the reason of their non-appearance again.

For other information concerning electrolysis, I refer to my former paper, published in *The Journal*, April 25, 1885, and its continuation, "Tabular Statistics of 100 cases of Urethral Stricture Treated by Electrolysis," in the *New England Medical Monthly*, August, 1885. There will be found the definition of electrolysis, the theory, as also the action of the poles, practical experiments and demonstrations, the *modus operandi* and instruments used. The latter are still more minutely described in my article: "The Armamentarium for the Treatment of Urethral Stricture by Electrolysis, with a *résumé* of the Operation," which appeared in the *Medical Register*, Philadelphia, February 19, 1887. While these details are omitted here, in order to avoid repetitions, it may be useful to give short and practical rules for the performance of the operation, as a safe guide for practitioners who wish to adopt the treatment of electrolysis in stricture of the urethra.

Recapitulation of general rules:

1. Any good galvanic battery will do, which has small elements and is steady in its action; the twenty-cell battery, carbon and zinc elements is an excellent instrument, and particularly sufficient for the beginner.
2. The fluid for the battery ought not to be used too strong.
3. Auxiliary instruments, as galvanometer, etc., are important to the expert, but not necessary for the beginner.
4. For the positive pole a carbon electrode is used, covered with sponge, moistened with hot water, and held firmly against the cutaneous surface of the patient's hand, thigh or abdomen.
5. For the absorption of the stricture the *negative* pole must be used.
6. Electrode bougies are firm sounds insulated with a hard baked mass of rubber. The extremity is a metal bulb, egg-shaped, which is the acting part in contract with the stricture.
7. The curve of the bougie is short; large curves are mistakes.
8. The plates must be immersed in the fluid before the electrodes are placed on the patient, and raised again after the electrodes have been removed.
9. All operations must begin and end while the battery is at zero, increasing and decreasing the current slowly and gradually by one cell at a time, avoiding any shock to the patient.

10. Before operating, the susceptibility of the patient to the electric current should be ascertained.

11. The problem is to absorb the stricture, not to cauterize, burn or destroy tissues.

12. *Weak currents at long intervals.*

13. In most cases a current of 6 cells, or from $2\frac{1}{2}$ to 5 milliampères, will do the work, but it must be regulated according to the work to be done.

14. The *séances* should be at intervals not too frequent in succession.

15. The best position for the patient to assume during the operation is that which is most comfortable for himself and the operator. I prefer the erect posture, but the recumbent or others may be used.

16. Anaesthetics I like to avoid; I want the patient conscious, so that he can tell how he feels.

17. Force should never be used; the bougie must be guided in the most gentle way; the electricity alone must be allowed to do the work. Avoid causing hæmorrhage.

18. During one *séance* two electrodes in succession should never be used.

19. All strictures are amenable to the treatment by electrolysis.

20. Pain should never be inflicted by the use of electrolysis; therefore it should not be applied when the urethra is in an acute or even sub-acute inflammatory condition.

21. The electrode should not be greased with substances which are non-conductors, and would insulate.

I have still to hear of a valid real objection—but on the contrary can state decided advantages of the electrolysis, without wishing to enter into the merits of other methods.

THE ADVANTAGES OF ELECTROLYSIS:

1. Electrolysis is applicable to all strictures in any part of the urethra.
2. Electrolysis will pass and enlarge any stricture, when other instruments or the skill of surgeons fail, which I have often demonstrated.
3. It causes no pain or inconvenience.
4. It is devoid of danger.
5. It is not followed by hæmorrhage, fever, or any other unpleasant consequences.
6. It relieves at once.
7. The patient is not detained from attending his daily work or business, and can earn his living while under treatment without restraint.
8. No relapse takes place.

A New Disease.—An African clergyman in preaching from the text, "And multitudes came unto Him and He healed them of divers diseases," said: "This is a terrible text, my dying congregation. Disease is in the world. The small-pox slays its hundreds, the cholera its thousands, and yellow fever its tens of thousands, but in the language of our text, if you take the divers you are gone. These earthly doctors can cure small-pox, cholera and yellow fever, if they get there in time, but nobody but the good Lord can cure the divers."

Hydrocele in the Female is difficult to diagnose, but Dr. Osborn, who reports several cases, says in doubtful cases the diagnosis can easily be settled by the hypodermic needle.

Sore Nipples.—Dr. J. F. Scarff applies to sore nipples a mixture composed of half a dram each of bals. peru. and tr. arnica; a half an ounce each of almond oil, sweet oil and lime water, and gets better results than from any other application.

MISCELLANY.

—Dr. Strong, Chief of Staff, Ward's Island Hospital, reports 1084 patients treated during the month of February. Mortality, 3.96 per cent. Fourteen hundred and sixty-four patients have been under treatment since January 1st. Mortality, 4.9 per cent. There will be four vacancies in the house staff on May 1st.

—Bellevue Hospital Medical College held its commencement March 12th, and notwithstanding the great blizzard which made walking a matter of difficulty, the officers and students after the exercises managed to get over to the Brunswick Hotel for supper. A class of 144 were graduated.

—The Long Island College Hospital held its commencement March 9th, graduating thirty-six.

—Scotch Oats Essence, with its extravagant claims, has at last secured scientific attention, with a result that is most alarming. From a report of an analysis of this essence by Dr. Eccles, which appears in the *Druggist's Circular* for April, it is shown that the inventor, under the guise of a harmless preparation, is furnishing an insidious poison, as the essence is shown to contain bromide, $\frac{1}{2}$ gr. morphine to the ounce, and one-third of the mixture is alcohol.

—The American Veterinary College graduated, at its commencement March 1st, a class of thirty-two.

—Dr. Fordyce Barker says the most valuable remedy, in his experience, for hemorrhage during or near the climacteric, is a combination of equal parts of fluid extract of hamamelis and hydrastis.

—The New York College of Dentistry, at its commencement March 10th, graduated a class of seventy-two.

—At the forty-seventh commencement of the Medical Department of the University of the City of New York, March 7th, the degree of M. D. was conferred on one hundred and sixty-four candidates.

—Lawson Tait takes as his assistants three physicians, charging them each one hundred dollars a month for three months, during which time they assist at all his operations and become familiar with his treatment.

—The *Sanitary News* gives the result of an investigation as to the cause of a severe epidemic of typhoid fever prevailing at the Michigan State Prison. In the portion of the prison where the disease was the most violent was found a defective house drain, through which the sewer gas was passing freely. Professor Vaughan found in a sample of the air taken from the soil pipes the specific germs of typhoid fever.

A college of medicine for Chinese students was opened at Hong Kong October 1st. The curriculum of the New School is the same as that followed in England.

—The Cartwright Lecture for 1888 will be on "The Pathology of Fever," and will be given at the College of Physicians and Surgeons, on the evenings of March 29th and April 5th and 12th.

—M. Panel, of Paris, has constructed an apparatus by which an accurate photograph can be taken of the fundus of the eye, which will be of great benefit in cases of doubtful diagnosis.

—A communication has recently been presented to the French Academy of Science by M. Pasteur, which states that the septic microbe in its development evolves certain chemical products which finally destroys the microbe, its own parent. This soluble chemical substance has been injected into guinea pigs, rendering them absolutely proof against the poison.

—Dr. Freeman recommends gelsemin to relieve the irregular pains which precede labor, to relax a rigid os and to relieve after-pains, and also in ovarian and uterine neuralgia where there is no organic disease.

—Dr. Jones in the *Medical Review* says that women who are in good health and who are nevertheless barren, have on several occasions become pregnant after a few weeks' use of belladonna.

—The use of poisonous colors in the preparation of articles of food or confectionery is prohibited in Germany by an act which has received the imperial assent. The prohibition of the noxious ingredients extends in part to cosmetic preparations, or dyes used for the skin, hair, or mouth, as well as to toys, picture-books, flowerpot-frames, etc. Special restrictions against the use of arsenic are made with regard to printing and lithographic work, as well as with respect to wall-paper, carpets, furniture-stuffs, paints, etc.; a small maximum quantity being permitted in textile articles.

—M. Chevreul, in the French institute of sciences, occupies a chair next to that of M. Poincarre. The former is one hundred and two, and the latter thirty three years old.

—Regarding the treatment of chronic tobacco-poisoning, in addition to the great point of abstinence, Favarger advises that smoking be never indulged in on an empty stomach.

—In the Pitti Palace, at Florence, is a table, says the *Medical Press*, which for originality in the matter of construction and ghastliness in conception, is probably without a rival. It was made by Giuseppe Sagatti, who passed several years of his life in its manufacture. To the casual observer it gives the impression of a curious mosaic of marbles of different shades and colors, for it looks like polished stone. In reality it is composed of human muscles and viscera. No less than a hundred bodies were made use of for the material. The table is round, and about a yard in diameter, with a pedestal and four claw feet, the whole being formed of petrified human remains. The ornaments of the pedestal are made from the intestines, the claws with hearts, livers, and lungs, the natural color of which is preserved. The table top is constructed of muscles artistically arranged, and it is bordered with upward of a hundred eyes, the effect of which is said to be highly artistic, since they retain all their lustre and seem to follow the observer. Sagatti died about fifty years ago. He obtained his bodies from the hospitals, and indurated them by impregnation with mineral salts. To add to the horror which such a piece of furniture is calculated to inspire in the minds of most people, the fate of Count Rittabocca, its last owner, may be related. One Christmas eve he and his friends were playing cards on the table, when suddenly he jumped up, pale and agitated, overcome by the fixed gaze of these petrified eyes. Yielding to a sudden attack of violent mania, he stabbed himself and fell upon the table. His heirs, as may be imagined, were very pleased to sell this funeral object to the government, who installed it in its present situation.

—M. Pasteur proposes to kill the rabbits that overrun Australia by inoculating them with a contagious disease. He says that the germ of chicken cholera can be communicated to rabbits with fatal effect. Turning loose a few infected flocks of poultry will give the disease a foothold, and it will sweep off the rabbits without injuring man or the higher animals.

—A Carlsbad cure combines a rest cure, a diet cure, an air cure, a music cure, a mind cure and a body cure. Its efficiency depends upon the intelligent skill with which all these are brought to bare with varying degrees of force upon each separate individual.

—Dr. H. W. Champlin has removed from Chelsea, Mich., to Towanda, Pa.

—M. Balland states that the gradual loss of elasticity frequently observed in articles made of vulcanized india-rubber is due to the slow formation of sulphuric acid by the action of atmospheric moisture on sulphur present in the rubber. He recommends, therefore, that the action of the acid be prevented by occasional prolonged washing of the article with water, or with water slightly alkaline. In this way he has been able to maintain drainage tubes in a supple condition for a considerable time.